IN THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA

DAWN GRAY,

Plaintiff

v.

Case: 2:23-cv-00263-KNS

MAIN LINE HOSPITALS, INC.,

Defendant

DEFENDANT'S APPENDIX IN SUPPORT OF MOTION FOR SUMMARY JUDGMENT

Exhibit	Description	Page
A	Transcript of Dawn Gray's deposition	
В	Expert Report of Dr. Daniel Salmon	
C	MLH COVID-19 Vaccination Policy	DA 129
D	Deposition transcript of Greg Papa, VP of Human Resources	DA 133
Е	Gray's Religious Exemption Form	DA 168
F	Deposition transcript of Reverend Casey Bien-Aime	DA 177
G	Deposition transcript of Dr. Jennifer Burke Deposition transcript of Dr. Jennifer Burke	
Н	Deposition transcript of Pam Teufel, Senior VP of Human Resources	DA 220
I	Deposition transcript of Dr. Barbara Wadsworth, Chief Operating Officer	DA 245
J	Plaintiff's 9/27/21 email appealing denial of exemption request	DA 264

Respectfully submitted,

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Dated: October 2, 2023

EXHIBIT A

1	IN THE UNITED STATES DISTRICT COURT		
2	FOR THE EASTERN DISTRICT OF PENNSYLVANIA		
3			
4	DAWN GRAY, : Plaintiff		
5	: CIVIL ACTION		
6	NO. 2-23-CV-00363-KNS		
7	MAIN LINE HOSPITALS, : INC.,		
8	Defendants :		
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STIPULATION

It is hereby stipulated by and between counsel for the respective parties that sealing and certification and filing are hereby waived; and that all objections, except as to the form of the question, are waived until time of trial.

(Exhibits were marked electronically at time of production by Counsel.)

ATTORNEY HENNESSEY: Okay. You can go ahead and swear in the witness.

THE COURT REPORTER: Ma'am, would you raise your right hand for me, please, and I will administer the oath.

DAWN GRAY,

called as a witness on behalf of the Defendants, having been duly sworn or affirmed according to law, testified as follows:

DIRECT EXAMINATION

BY ATTORNEY HENNESSEY:

22 Q. Hi, ma'am. My name is Brendan Hennessy. I represent Main Line Hospitals, Inc. We're here in relation to your lawsuit against the Defendant, Main Line Hospitals, Inc.

Page 6 I don't think I got your name on the record. I don't think it was stated yet. Can you

just state your full name for the record?

A. Dawn Gray.

- Q. Okay. Have you ever been known by any other name before marriage or do you have any other --
 - A. Yes. Dawn Friedly.
- Q. Okay. Thank you. Have you ever been deposed before, Ms. Gray?
 - A. No.
- Q. Okay. Do you have an understanding of what's involved in relation to this deposition?
 - A. Yes.
 - Q. What is your understanding?
- A. That we're going to review documents and ask questions relating to my case against Main Line Health, Inc.
- Q. Okay. That's a pretty good rough understanding. I'm going to -- this is my opportunity to ask you any questions about your lawsuit or any background questions whatsoever that may arise.

We may introduce some documents through the course of the deposition, and I may have -- I

have a lot of questions which won't involve documents, as well.

I'm going to give you a few instructions before we get started just so that we're on the same page in relation to everything.

As I said, this is a question-and-answer session. Make sure that you've heard my question before you start to answer. There is a court reporter that's taking down everything that's being said. So it's important that we don't interrupt each other, that you wait until I finish my question before you answer the question, and I'll try and do the same thing. I have a habit of jumping in, as well. So we'll try and be careful so that the court reporter can take down everything that's being said.

Do you understand that?

A. Yes.

20 Q. Okay. And the same goes for gestures. A lot of witnesses like to nod their head or shake their head. Make sure that you verbalize your responses, because it won't go on the record unless it's verbalized. I'll try to remind you if it's not verbalized, but please try to make sure

that you verbalize everything.

Do you understand that?

A. I will do my best.

Q. Okay. Great. I'm an attorney. You know, I'm certainly human. I do not always ask the clearest questions in the world. You'd be 7 surprised maybe.

But if you have any -- if you need clarification at any time, please let me know. If my question is unclear to you, feel free to let me know and I'll try and rephrase the question. If I think the question was appropriate, I will re-ask the question and give you another opportunity to digest it.

If you do answer the question, I'll assume that you understood the question 100 percent the way it was asked.

Do you understand that?

A. Yes.

Q. Okay. And we're here, you're under oath to tell the truth and nothing but the truth and provide full -- and fully answer my questions that I ask. Do you understand that?

A. Yes.

Q. Great. Okay. And if you need to

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approximate, that's fine. We'll -- you know, we'll -- just let me know if you're approximating. We want to avoid guessing. If you don't have a recollection, that's fine. You can just let us know that you don't have a recollection.

I don't want you to guess. We're here to obtain facts, not pure guesses, in relation to the testimony. Do you understand that?

A. Yes.

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ATTORNEY HENNESSEY: Okay. Before we get started, John -- we've done this before -- but I just want to make sure that you're agreeing that this deposition is proceeding remotely and it's being recorded by stenographic means, as it was noticed. Is that agreed upon?

ATTORNEY DALLER: That's correct. And we'll waive any objections until trial except for to form. And deficiencies of notice, we'll waive those, as well.

ATTORNEY HENNESSEY: Yes, okay. BY ATTORNEY HENNESSEY:

- Q. Ma'am, are you under the influence of any drugs coming into today? Have you taken any medications or anything of that nature?
- A. Just some vitamins.

Q. Okay. Great. And when is the last time you had an alcoholic drink?

A. Years.

Q. Okay. So that's not an issue. I just -- sometimes people drink the night before depositions, and I want to make sure there is nothing that would interfere with your testimony today.

A. No.

- Q. Okay. Is there any reason that you think that the deposition should not proceed today? Anything that would get in your way of testifying fully and truthfully before we get started?
 - A. Not that I'm aware of.
- Q. Wonderful. You are represented by John Daller, and he's here with you today.

How did you find Mr. Daller to represent you?

A. Well, there's a story behind that. So I was connected with him through a friend of a friend who then reached out to me and just said hey, I know somebody that was -- worked for Main Line Health and they are in a similar situation, would you like to be connected.

And I said that's fine, you can give me her name. Her name was Sara Slattery, M.D. And she did. And Sara called me and we spoke. And at the end of the conversation, she, you know -- she just said hey, just so if, you know, you end up needing an attorney or something, I do have somebody.

And that is how I got John Daller's name.

- Q. And you said it was a friend of a friend, and I think Sara Slattery was the friend of a friend. Is that correct?
- A. Yes, the friend of the second friend. If you need me to clarify it, I can. I just -- there's details there. But you know, my husband gives so many details that I tend not to over-detail things. But I would gladly give you the details if you'd like to know how it happened.
- Q. I want details. That's why we're here today.
- A. All right. So, I play squash. I'm a competitive squash player. And during -- you know, we play every week. I play several times a week with different players. One of the players -- you know, I played competitively

against one player. And COVID came and squash got shut down. I hadn't played.

I started to play again but the rules to play were very limited. You could only play with certain people. You only could have four people you could play with. You had to have the same people.

Long-story-short, I had no contact with this person. But the friend of a friend ran into a person. So the person I play squash with, her name is Molly.

- Q. I was going to ask you. That's your friend, Molly?
- A. Yes. That is who I know from playing squash.
 - Q. What is Molly's last name?
 - A. Pierce.
- Q. You know, it may not be relevant, but I just like to ask for full names. Go ahead.
 - A. Pierce.
 - Q. Pierce. All right. Go on.
- A. So she was evidently at Marion, which is a local squash club that I am not a member of, and she ran into one of her friends who I know just because she plays a little bit of squash.

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Page 13 But I don't know her well. Her name is Ali, and I would have to think very hard what her last name is. Maiden name was Oglesbee. And I'm trying to trick my brain. I believe her last name now that she is married might be Farrell.

So anyway, Molly ran into Ali at the Marion Cricket Club, and I guess they were talking. This is all secondhand obviously. And Molly told Ali that I was not working anymore at Paoli. She had asked the question and said Dawn's not working at Paoli. And Ali said oh, my goodness, she worked there for years or something like that, is the story that Ali told me.

And she said oh, I know somebody else that doesn't work. And that was Sara. So that is how I got connected with Sara.

- Q. Okay. Wonderful. Had you talked to Molly about your potential claims or anything like that?
- 20 A. I had never talked to Molly. I didn't even know Molly knew.
 - Q. Okay.

A. The squash world does have a network in it, and I'm sure the squash world network was working fine during COVID.

Page 14 Q. When -- where do you usually play squash; is it at Marion or somewhere else?

A. No. Oh, no. That's a little above my pay grade. Sorry. I play squash at Berlin Squash and Fitness, where I'm a member at.

- Q. And they have -- I play racquetball but nobody has courts anymore for racquetball.
 - A. That is true.
 - Q. So it's the same court. Is that true?
 - A. Racquetball?
- Q. Or is it -- it's a similar court as squash. Right? Or am I wrong?
- A. It has four walls and you play it inside. Yes, the dimensions are similar. Some people do, if they can't find a squash court, play squash on a racquetball court.
- Q. So they're different courts and they are very different. Okay. I understand.
 - A. Different racket, different ball.
- Q. Different racket, different ball, different rules. I always wondered. Sorry. I never played squash, but I like racquetball.

Anyway, we'll get into the reasons we're here.

Other than -- so Sara Slattery referred

Page 15 you to Mr. Daller. Did you talk to Sara Slattery ² about your case at all before you contacted Mr. Daller?

A. In terms of my specific case, the specifics? No. Did I explain that I was -- I worked at Paoli with Main Line -- you know, with Main Line Health and that I was terminated and that I had already filed a PHRC/EEOC claim in early November, November 2nd.

So she did know that at that point.

- Q. Okay. Have you talked to anyone else that Mr. Daller has represented? Do you know anybody else he has represented?
- 14 A. I would need to know names. I do not. I know that obviously Sara. And Sara did make mention that there were some other Main Line Health employees that were referred or considering, but I do not know who they are or what their names are.
 - Q. Okay. All right. I know a number of former Main Line Health employees communicated together via WhatsApp or Telegram.

Are you aware of that?

A. No. I was not on Telegram until August of '22 when I needed to join for a job application

Page 16

that I was searching for a job. And they did their communication through Telegram.

- Q. That was the AFLDS, I guess, or what was it, that organization?
- A. It would be the American Frontline Nurses.
 - Q. Frontline?
 - A. AFLN.
- Q. AFLN. American Frontline Nurses. Okay. Got it. So you joined Telegram based upon the American Frontline Nurses recommendation?
- A. I needed to join that in order to get their communication and to go through the training when I was pursuing and considering joining -pursuing that job option, correct.

Then that started, like I said, August of '22. I had never been on Telegram.

- Q. Okay. Did you follow the AFLN prior to that?
- A. How do you -- can you clarify the word follow?
- Q. Well, did you -- did you receive any communication from them or follow them on any social media?
 - A. No. No.

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Q. How did you become aware of that organization?

A. My cousin, I believe, saw -- she is on social media. She's a nurse in Ohio. And she just said hey, have you ever heard of this group. She actually, I think was looking at that group. And that's how I kind of -- I went to the website and I saw that they had posted that they were accepting applications and I applied.

- Q. Accepting applications for nurses?
- A. For their nurse advocacy program.
- Q. Oh. And so you applied?
- 13 A. Yes.

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Q. Do you know what the AFLN group stands for, what it advocates?

A. So they have had -- they are patient advocates. They are nurses that help patients. It has -- from my understanding it has gone through different both-side focuses. I guess it's both sides of what they do.

So since I have been in it, I have followed it a little bit more. I ended pursuing that job application because it just didn't quite align with what I was looking for.

O. Okay.

Page 18 A. I didn't feel it represented me well.

Q. Okay. They were against the COVID-19 vaccination, if I recall in the literature I read. Is that accurate? The AFLN organization.

A. I do not recollect whether or not they stated that. I know that on some of the communications I have received or seen, that they do support and help people that have been vaccinated as well as unvaccinated.

So you know, I'm sure there is both prongs there.

Q. All right. We'll come back to some of that later on. You just brought it up, so I thought we would talk about it a little bit.

I wanted to ask you before we get into any further details what you've done to prepare for this deposition coming in here today.

A. Well, I spent a lot of time gathering all the documents that you requested and reviewing them. And I had also done some of that prior to when I filed with the PHRC and things.

And then Mr. Daller and I have had several conversations along the way. We've had an unemployment hearing. We have obviously talked through my refiling and things like that. And in

Page 19 terms of today, we met for two days last week to prepare for today.

- Q. Where did you meet to prepare for today?
 - A. In his office, which is where I am now.
 - Q. Okay. In Pittsburgh?
 - A. Correct.

ATTORNEY DALLER: In Mars. THE DEPONENT: Oh, boy.

ATTORNEY HENNESSEY: Not quite. It's in Mars, Pennsylvania.

BY ATTORNEY HENNESSEY:

- Q. And you were there two days last week and you came there today. Did you drive out?
 - A. I drove out yesterday.
- 16 Q. Okay. And you mentioned documents that you reviewed. Are you talking about -- you said you gathered documents that was in relation to the documents I was seeking in discovery.
 - A. Yes.
 - Q. Do you remember any particular documents that you reviewed in advance of today?
 - A. I'm not sure what you're asking me. Can you clarify?

Q. Well, are there any particular

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documents that jump out in your recollection that you've reviewed in the past week to prepare for today's deposition?

A. There were a lot of documents. There are some that are clearly more dear to my heart than others and more that evoke more lasting impressions with me. But I wouldn't say I --

You know, I guess I'm really not understanding what you're asking.

I reviewed all the documents. Mr. Daller and I have gone through pretty much all of the interrogatories and the requests to produce. And we discussed, you know, e-mails. We discussed e-mails.

ATTORNEY DALLER: Object to the extent you're looking for anything that are specifics of attorney-client privilege.

BY ATTORNEY HENNESSEY:

18 19 Q. And just to clarify, I'm not. I'm not asking for any communications between you and your counsel. I have a right to ask you what you did 22 to prepare for today. But I don't want to ask you about -- when Mr. Daller communicated to you anything, I don't want to hear it. You know, unless it becomes relevant somehow, I don't want

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In terms of documents, I can be a little more specific. You reviewed the exemption application that you submitted under the Main Line Health COVID-19 Vaccination Policy. Correct?

- A. Yes.
- Q. You've reviewed the responses, the denial of the exemptions. Correct?
 - A. Yes.
- Q. And other correspondence and e-mails that may have related to your exemption application. Would that be accurate?
- A. Yes. E-mails that I sent and e-mails about a meeting I had with Sara and Bern and about follow-up e-mails with that and about the letter that I sent as another attempt to clarify or to make an accommodation for what I was denied. Yes we did speak. We did review all of those.
- Q. Okay. And I forgot to mention. You know, we could be here for a little while today. If you need a break at any time, please let me know. You are on the stand. Even though we're not in a courtroom today, it is as if you were on the stand testifying before the Court.

So if you do talk to your counsel, and

you're entitled to talk to your counsel, it's not a privileged communication during this process. So I have the right to ask you anything about your conversations. You have to disclose any conversation you have with your counsel during a break.

And I will ask you after we come back from the break if there's -- if you've had any conversations. I will also ask you and give you an opportunity to change any testimony that you want to change after we take a break.

The other thing is if I'm in the middle of asking you a question or a line of questions and you want to take a break, I may ask you to just wait until we finish my line of questions before we take the break.

Do you understand that?

- A. Yes.
- Q. All right. Let's talk a little bit about your personal background before we get into some of the allegations and facts relating to the allegations.

Where is it that you grew up? I understand that you're now in Norristown.

Is that correct?

- A. Yes.
- Q. Okay. Where did you grow up?
- A. I grew up in Annandale, Virginia.
- Q. When did you move to the Pennsylvania area?

A. Um, I came back -- I went to Penn from 1983 to 1987. Upon graduating from Penn, I went to Boston and worked at the Boston VA, because I had received a VA scholarship and I owed the VA two years.

After about a year in Boston, give or take, that's an approximation, I transferred to the Philly VA. So I want to say that was '88-'89. And I have been in Pennsylvania since.

- Q. Okay. So you went to elementary school and high school in Virginia, I would assume. Is that correct?
 - A. That is correct.
- Q. And where was it that you went to high school?
- A. Annandale High School.
- Q. Annandale, is that a public high school?

25 A. It is.

Page 24

- Q. Did your family belong to a church when you were growing up?
 - A. We did.
 - O. What church was that?
 - A. Church of Northern Virginia.
- Q. What's the denomination or congregation?
 - A. Nondenominational.
- Q. Now, I understand that you're a member of Calvary Bible Church, at least at the time that you submitted your application. Are you still a member of the Calvary Bible Church?
- A. So -- not every answer is as straightforward as one wishes. I still attend church at the same building. Our church went through a period of searching for a pastor. We had an interim pastor. We've been -- you know, all of this was going on through COVID. And then another church was looking for a building.

So long-story-short, our two churches merged and now the church is at the same location as Calvary Bible Church. And it is now called New Story Church. And for a little while there, we had the another church's name, even though we went to the same church, if that makes sense.

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Page 25 Q. What was the other church's name? Is that New Story or is it different one?

A. No. That is currently the name of the church. It was Grace Valley Fellowship.

- Q. I thought I saw that. When you say nondenominational, would you consider it kind of an Evangelical type of religion/church Christianity? How would you describe your religious beliefs?
- A. I think the best way to describe my religious beliefs is that we use the Bible as a source of truth, and we circle back and we make decisions and follow the Lord according to the truth that is in the Bible.
- Q. When did you first develop your religious beliefs? Was it when you were younger as a child or did it happen later in your life?
- A. I'm just going to clarify. You cut out a little bit for me. When did I --
- 20 Q. When did you develop your religious 2.1 belief?
 - A. I gave my life to Jesus at the age of five at Vacation Bible School.
- 24 Q. And consistently since that time you 25 have been a member of a church and attend church?

A. Yes. I -- when I went to college, I did not become a member of the church where I attended, but I did attend church throughout college. I would have to think about when I was in Boston.

So when I was in college I attended Tenth Presbyterian Church. James Montgomery Boice was the pastor at the time for the four years I was at Penn.

When I moved to Boston, I attended Park Street Church. Couldn't tell you off the top of my head who that pastor was at the time. And then came back to Philly when I was still single and living in the outskirts of the city and I still went to Tenth Pres.

And then I met my husband and I started attending with him for a shorter amount of time. Again, I'm not going to approximate a time. We attended the Green Tree Church of the Brethren. And I do know that in 1998 we began attending Calvary Bible Church.

And I remember that date well because after we got married in 1995, we were living in the house I had bought that I had owned and we wanted to move out closer to where he worked. And

Page 27 we actually went church shopping before we went ² house shopping because we wanted to find a place where we could worship, and then we kind of wanted to have our home near that because the church plays an important part in our lives.

- Q. Okay. That's wonderful. You answered a whole bunch of questions so I --
- A. I figured you were going to ask me anyway so --
- Q. I appreciate it. I have some followups. You talked about your husband. That's Ron, your husband?
 - A. Yes, Ron. Yes.
 - Q. And where did you meet your husband?

15 A. So just to give you a little taste of 16 me and my little sense of humor; I was raised in a very -- you know, a Christian home. And my dad always said there's no such thing as a coincidence, there's only God incidences. That's kind of how I live my life. I live my life through the lens of how God has impacted my life.

When I worked at the Medical College of 23 Pennsylvania, I did a stint in the ICU. And one of the nurses there -- you are going to ask me her name. Her name was Pam Kline. It is now Pam

Page 28

Bateman.

Long-story-short, she said hey, you're single, do you want to meet a guy. There's a guy in my small group. And I said -- and here's the Valley Forge part. I said well, I've just had three or so bad blind dates. I really am not up for meeting a new -- another one. But since he's -- goes to your church and he's in your small group, I will give it a try.

So I do know the date because it is a date we still celebrate to this day. We met on March 26th, 1994 and did the Valley Forge Park loop, which is about five and a half miles, and we walked that loop. I pretty much talked the whole five and a half miles. But that's another story. 16

- Q. You know, I think that's wonderful. You're still married today. That's what, 25 -well actually, almost -- how many years?
- A. We'll celebrate our 28th anniversary this coming Saturday, July 15th.
- Q. Okay. Wonderful. And you consider yourself to have a happy marriage?
 - A. Oh, yes. My smile will tell you that.
- Q. And do you consider yourself to have a happy life right now, as you sit here today?

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Page 29 A. I am happy in the Lord. Life has been difficult.

- Q. Well, tell me about that. You know, how do you feel about your life right now?
- A. I feel that God still has a plan for my life. He is in charge. The event of November 1st and the events leading up to that were very difficult for me. It did cause me some struggles, which is okay, because you build faith when you intersect life's difficult moments.

And on the other side of it, I know I am stronger for it. I will not deny that I've had some dark days and some very difficult days.

I am very happy in my marriage. I'm very happy at my church and in my life. My job situation and the passion I've had for nursing my whole career is suffering right now.

- Q. Your job. You're working at Suburban General. Is that correct?
 - A. Suburban Community Hospital.
- Q. Okay. Suburban Community. Okay. Do you like your job now?
- A. I love being clinical. I love the bedside nurse. The clientele, the type of patients we get is -- can be challenging. It is a Page 30

very -- it can be a very unsafe environment physically to me.

I have -- I can probably count on one hand the number of times that I have been physically assaulted when I worked prior to Suburban, and I can count -- it would take me two hands to tell you how many times I have been physically assaulted since working at Suburban Community.

In addition to that, it is a union hospital. So professionally, it is challenging for me. There is a lack of striving to improve, challenge your thinking and do sometimes what is, what I would consider, high-quality care and -it's different.

And I have found other ways to nourish that. It's just a difficult path right now that I'm trying to navigate through and figure out where I'm going to land.

- Q. When you say physical assaults, you've -- you did -- you mentioned that you had some physical assaults even before moving to Suburban.
- A. Yes. That's a well-known fact in the health profession, especially in the emergency

room environment.

Q. Okay. And so there were some while you worked at -- was it Paoli?

A. I had one significant one at Paoli. I actually still have a mark of the bite from the patient that bit me on my arm. At Paoli, aside from the demented patient, maybe, you know, swinging or trying to pinch you and things like that, you know, I -- that, unfortunately, as a nurse we sometimes just consider that part of the job. A bite mark that I still have a scar from, I don't consider part of the job.

I did -- I have filed a police report since I have worked at Suburban Community because I was assaulted by a patient. And --

O. Yeah. I did --

A. Go ahead.

Q. -- just want to ask you a little bit about these assaults. I know they may or may not be relevant.

You mentioned one at Paoli that you 22 still have a scar in relation to. When did that happen?

A. Okay. I would need to look at the documents. I believe that in the request to

Page 32

produce I did submit that workman's claim follow-up that would have the date. It was pre-COVID. Pre-pandemic. Maybe 2018, 2019. I would need to refer to the documents. It would be under the -- you know, the requests to produce the medical things, whatever number that was.

And I did have to have a follow-up because I did have to take antibiotics because it was a human bite.

- Q. And who treated you for that?
- A. In the emergency room. Um...
- 12 Q. I mean -- when I say who, I mean not just the particular doctor but who was the medical provider that treated you for that?
 - A. I'm not sure I understand what the difference is there.
 - Q. Well, if you said in the emergency room, I'm going to assume that you got treated for that prior bite while at Paoli, at Paoli Hospital. That's what I'm saying. Who was the provider where you got treated?

22 A. So it was a PA. I know her first name was Jess. We had four Jesses. And I am drawing a 24 blank on her last name. And I actually -- I cannot recollect off the top of my head who was

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the attending that was working that day.

And then I did follow up, I believe, with an MP for my workman's comp followup appointment, and I do not remember her name.

- Q. The PA was at Paoli Hospital. Right?
- A. Correct.

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Q. Okay. Got you. I just want to confirm those details, like where you got treated.

You said that you've been assaulted a number of times at Suburban Community Hospital. Were there times where you got assaulted that you needed to be treated in relation to that assault?

- A. Um, the incident that I filed the police report in Norristown for, I did have a bruise on my hand. I did not formally sign in and be registered for that case at that time. For that incident. I shouldn't say at that time. I actually continued working my shift.
 - Q. That was a bite, as well?

A. No. That was a -- it happened during an altercation. I was called to the room by a housekeeper, that I needed to address a concern in the room. I approached the room and the patient was strangling himself with a sheet. I attempted to -- I called out for help, and I attempted to

remove it.

He got a little, in nurse's language, a little wild and started throwing punches and I got punched.

Q. And did you see anybody in relation to that, any medical provider in relation to getting punched?

A. Not formally. I did -- obviously the attending that was working on that shift -- no, let me correct that. Not the attending that was working on that shift because he had to go home because of what happened to him.

But the follow-up attending did just say hey, I agree with you, I think it's a bruise. So I did not sign in.

- Q. Any other times at Suburban Community Hospital where you were assaulted that you needed to seek medical treatment in relation to the assault?
- A. I have not formally sought medical treatment for any of the other assaults that have occurred at Suburban, and I should do that more consistently.
- Q. When you say formally, informally might be if there's an attending on duty, you might ask

Page 35 the attending if they felt that you needed to do any follow-up?

- A. Absolutely. And that has happened.
- Q. Okay. And that would be at Suburban Community itself?
- A. Yes. And if you would like, you can just call it Suburban.
- Q. I will. Yeah, you corrected me. I want to be accurate going forward.
- A. Well, it wasn't whatever you called it. But that's what it is. Suburban works for me.
- 12 Q. Suburban. I got you. 13

Who was your primary care doctor?

- A. My primary care doctor is William Greer.
 - Q. Where is William Greer out of?
- A. He's located -- his office is located in Paoli.
- Q. Is he a part of a health system, do you 20 know?
 - A. He has privileges at Main Line Health.
- 22 Q. But he's an independent doctor, to your knowledge?
 - A. I'm going to have to say to my knowledge. I mean, I know he has privileges. His

current state, I don't know. But at the time,

yes.

- Q. Where is it that you currently live?
- A. I live -- the actual address?
- Q. Yes.
- 6 A. 1318 Statesman Road, Norristown, Pennsylvania.
 - Q. When did you move there?
 - A. Not too long ago. March -- settlement was March 24th, 2022.
 - Q. Why did you move there?
 - A. So once I knew that the situation at Main Line was not going in a favorable direction for me to retain my job, my husband -- even though I was still very active at Main Line Health, my husband -- we had just completed in January of '21 a rather large renovation project on our home that caused us to remortgage our house to correct a significant and repetitive flooding problem.

And my husband, in October or so, September/October, said to me, I think God is kind of -- the Holy Spirit, who, you know, we use as discernment to direct us and guide us, is telling me that I think that we may need to considering selling our current home.

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Page 37 I was like -- it took a little while because, as I said, I have enough stress in my life right now. I have enough going on in my life right now.

But he felt very strongly that we needed to move forward because our funds would not remain if I was unable to secure another employment. We would pretty much not be able to meet our mortgage payments. So he said let's move.

So we put the house -- you know, that process takes time. We put the house on the market December 9th, and the house sold -settlement was, I want to say, February 24th of '22. And then we spent a month kind of homeless with the majority of our belongings in a storage unit, and we rented a temporary apartment while we were searching for a new place to live that was not going to have a large mortgage.

- Q. What does your husband do for a living?
- A. He's a public school teacher. He 22 teaches second grade at Radnor -- Wayne Elementary in Radnor Township.
 - Q. How long has he been doing that?
 - A. Oh, boy.

Q. This might be where you estimate. That's fine. You don't have to give me an --

- A. This may be -- can you repeat that?
- Q. You can estimate how long. You don't have to tell me exactly if you can't remember.
- A. I know that he's worked at Radnor at least 40 years.
 - Q. Okay. How much does he make a year?
- A. Um, I believe -- I would say over a hundred. Around a hundred. Maybe, you know -- I always get confused with the gross and the net. And you know, they take out the health benefits and add that. So he's somewhere -- he's, by now, to that point.
- Q. Okay. And he's been accruing a pension with PSERS for 38 years. Is that accurate?
 - A. That is accurate.
- Q. And you sold the house in Wayne. Is that the Richards Road in Wayne?
 - A. 650 Richards Road.
- Q. Okay. 650 Richards Road. How much did you sell that for?
- 23 A. Approximately, I'm going to say it was six. It might have been 604. It might have been an odd -- six is what sticks in my brain.

Q. And what did you buy it for originally?

2 A. We bought it in 1998 for 316 or so, approximately.

Q. Okay. So there was a significant profit that you made in selling it at the time.

Correct?

- A. No. Because we had refinanced it to do the very large renovation project that we had to do that we were mitigating the flooding for.
- Q. What was the amount of the mortgage that you had on it at the time of sale?
 - A. At the time of?
 - Q. At the time of sale.
 - A. The amount of our mortgage?
 - Q. Mm-hmm.
- 16 A. Probably 300, maybe 400. I mean, we 17 had -- it was a rather large extensive renovation 18 project.
 - Q. All right. So you're estimating 300 or 400,000. All that is public record.
- 21 A. I know that. That's why those numbers 22 aren't in my head, as well. So I'm estimating. 23 We had remortgaged pretty high back up there, yes.
 - Q. How much did you purchase the Statesman Road -- is it a townhouse that you purchased? Page 40

A. It is a townhouse. I'm going to say 300. I don't think it was 310. I want to say it was 300.

Q. Are you happy at the Stateman --Statesman Road house?

- A. We have found a lot of peace there. We don't worry. I do not watch the radar and the weather forecast like I used to, because that used to cause -- my dog is much happier. I think she has had some PTSD from the storms as well and our stress. It is much better on that front and we are enjoying where we are living.
- Q. And you didn't have any flooding during the recent storms that we have had?
 - A. Amen. We did not.
- Q. Do you know if your Wayne house did? Did you drive by?
- 18 A. We did not drive by. They are doing 19 some work with the Turnpike by our house. So the two streets in and out of our house, one of them 21 is shut and you get stuck with the light. We tend 22 not to drive by there. I did see it from the 23 Turnpike view coming here of our house but that 24 was just the backyard.
 - Q. Do you have an interest -- ownership

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interest in any other property?

A. No.

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- Q. And I was going to ask you if you have any hobbies. I know that you have a hobby. You play -- is it I mean, professional or competitive squash or is it --
- A. I have competed on the Women's Squash Professional Doubles Tour.
- Q. That's wonderful. When have you competed?
 - A. When have I competed?
 - Q. Yeah.
- A. I've probably competed -- oh, boy, that's a great question. Prior to 2020 I had probably competed, wow, ten years maybe.
 - Q. Okay. For ten years?
- A. Quite a while. I still compete as an amateur. I was fortunate -- you know, we are allowed to do that in our sport. So I still compete in the national championships for my age group and things like that.
 - Q. Wonderful.
- A. And I do have other hobbies. I just don't always play squash.
 - Q. What are some of your other hobbies

that you have?

A. I cross-stitch. I quilt. My husband and I hike. We are avid hikers. Things like that.

- Q. Great. Do you vacation anywhere?
- A. We do.
- Q. Where do you vacation?

A. So, we camp. We try to camp a lot, at least every other year. And we do take other trips. We do have -- we did early on in our marriage -- we do have a timeshare and we do -- it was an every other.

So we would camp one year and then try to go somewhere the other year.

In terms of other vacations, we were given some advice by a distant cousin that also did not have children. They knew about our fertility struggles. And she said you need to do yourself a favor and every five or ten years, you need to take a trip that you would not be able to take if you had children.

My husband has been very good about doing that. So in 2005, we took a 14-day trip to Switzerland and hiked alp to alp with a tour group. Then we did a big trip to Hawaii for

another two-week trip. And we are headed for the Colorado Rockies shortly for another trip.

So a lot of our trips are hiking because we enjoy hiking.

- Q. When was the Hawaii trip?
- A. I knew you were going to ask that. So we did Switzerland in 2005. I could look at my phone and pull up a picture and tell you.

We have done quite a few national parks, too. So that's why I'm not sure exactly when Hawaii was. So it was either at a five-year or a ten-year mark.

- Q. After the pandemic started?
- A. No. We had actually been scheduled to do the Rockies in 2020, and the trip was postponed and delayed. We were going to do that for our 25th wedding anniversary. And now that things are lifted up, that is happening this summer. We are spending --
 - Q. That's great. When --
 - A. -- two weeks there.
 - Q. -- do you leave?
 - A. The 15th.
 - Q. Wonderful. Hope you enjoy that.

How do you get your news about what's

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going on in the world? What are your news sources?

A. I do receive -- I do read the Philadelphia Inquirer, digital edition. But I must be honest, I mainly go right to the sports. I'm a bit of a sports nerd. My husband laughs that I'm the sports fanatic and he could care less. So he watches the commercials, and I watch the sporting events. So I do scan that.

And I do read the -- I have a subscription to the Epoch Times.

- Q. So you're a Phillies fan, Sixers fan? What sport do you follow the most?
- A. I am not a Sixers fan. I am definitely a Phillies fan. My dad gives me much grief that I have abandoned the 'dead skins', as we called them growing up in my house; the Washington Redskins, which I guess now I have to call the Commanders.

I root for the Phillies, the Eagles. I switched my loyalty to the Eagles. I'm not really a hockey fan. But I'm a pretty sporty person.

- Q. I'll give you credit for the Eagles and no longer being a Redskins fan. That's --
- A. Well, I think there's a little piece of me that does it so that when the Eagles and the

Stories. Hard for me not to find one.

I do go to -- I don't know if you've ever been to

You know, you name any of those stories, and

Sight and Sound in Lancaster. It's a theater.

Page 47 Page 45 Redskins play, I can call my dad and we can banter ¹ they're pretty good. And they do a darned good 2 a bit. job at representing God's story in those. Favorite story. Um, you know, that's a Q. As long as you're not a Steelers fan. good question. I don't think anybody has ever Right? 5 ATTORNEY DALLER: Whoa. Whoa. I was asked me that question. waiting for that. Q. If you can't think of one, that's fine. THE DEPONENT: Absolutely not. 7 A. I can give you so many. To say they're ATTORNEY HENNESSEY: Even though you're my favorites; you know, whether you want Daniel in 9 in Pittsburgh. the Lion's Den, whether you want Noah, whether you 10 ATTORNEY DALLER: Mike Tomlin is a man want Samuel/Hannah, or whether you want 11 of God. He works through the Man Up in Urban Ruth/Esther. Jonah is a good one. 12 12 Impact. He does a lot for the community. Q. All right. Well, maybe we'll come back 13 13 THE DEPONENT: He is good. But to some of them. But that's fine. In terms of -remember I'm not in Pittsburgh. I'm in Mars. let me just run through some of your educational 15 ATTORNEY HENNESSEY: I got it. I think history. And I will pull up -- if we get to it --16 a copy of your resumé, if you need it to refer to. 16 anywhere west of, what is it, Lancaster, there are 17 17 Steelers fans out there. (Whereupon, a six-page curriculum 18 18 ATTORNEY DALLER: That's right. vitae was produced for identification as Gray 19 THE DEPONENT: Okay, you two. 19 Exhibit 1.) 20 20 BY ATTORNEY HENNESSEY: ATTORNEY HENNESSEY: All right. Let's 21 21 get back to what we're here for today. Q. You already testified a little bit 22 22 BY ATTORNEY HENNESSEY: about where you were working, at least now and 23 Q. We had started talking about your where you worked before. But why don't you 24 describe for -- and I think you've testified a religious beliefs. And you had said the source of your religious beliefs was the Bible primarily. little bit regarding your educational history. Page 46 Page 48 Maybe just -- we'll start with a Is that correct? summary of your educational history to the extent A. Primarily I would say the source of my religious beliefs is the Bible, the Holy Bible as that you didn't testify to it, and then we're inspired by God. going to talk a little bit about your nursing 5 background. Okay? Q. Have you studied the Bible? A. Are you asking me if I formally studied A. Okay. So education, obviously I went the Bible or do I do Bible studies? I have not to elementary school, high school in Annandale, Virginia. I attended the University of taken any formal classes. But --Pennsylvania from 1993 to -- 1983 to 1987. I then O. Sure. 10 A. -- I read the Bible every morning and paid back my time with the VA. 11 11 every evening. I attend church. I have been In about 2000 and -- I guess it would 12 members of -- do ladies' devotionals, small be 2011, because I believe I got my master's 13 degree in nursing from Walden University, and I groups, prayer groups. 14 14 Yes, I study the Bible. believe that was 2013. And that is my formal 15 15 Q. What's the -- give me one of your education. 16 favorite stories of the Bible. Can you tell me I obviously maintain my certifications 17 the stories from the Bible? and things like that and pursue, you know, 18 furthering education as needed, whether it's for a A. Well, I can tell you my favorite verse is, "May the words of my mouth and the meditation 19 job requirement or just because that's the kind of 20 of my heart be acceptable unto you, oh, Lord, my person I am. 21 21 God and Redeemer." Q. Okay. And I'm just going to put in

Karasch DA 17 Page: 15 (45 - 48)

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front of you --

A. Oh good. Was I right?

Q. Yes -- your CV, I think it was. We have it premarked at Gray Exhibit 1. You

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provided, I think, some of your background. You went to get a bachelor of science at the

University of Penn and master's of science at Walden. Correct?

A. Correct.

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Q. And then you provided all your licensures and certifications. I understand all the ones, unless there's an end date, they're current; is that accurate, the registered nurse is current and certified emergency nurse.

Is that correct?

- A. My RN, my CEN, my CCRN, my ACLS, my PALS, my BLS. I am now also -- oh, I just got my NRP, which is my neonatal -- NPR, NRP -- neonatal resuscitation patient, because at Suburban that's required.
- Q. Okay. And you provided this CV in relation to the discovery requests. Do you know when you prepared this CV? I can go to where the last job was here. It looks like it has Suburban Community Hospital here.

Do you know when this one was prepared?

- A. This particular one?
- Q. Yes.
 - A. I updated it when I put in the Suburban

because that is my most recent experience, my most recent job. I may have -- there's other updates in there.

I'm also published. I have done that. So I do update it for that, as well. And actually, I just found out three weeks ago that another edition of one of the -- I think it's actually -- I forget if it was the Fast Facts or the Rapid Access Guide. I would have to look. I just got a second edition on that. I wrote several chapters in that. So I update that, as well.

So those are the kind of things that drive me back to it. I know that the first time I ever wrote this CV when I was at Walden because it was one of the requirements for graduation. So since then, I've just kept the CV going.

- Q. So you have one CV that you regularly update. Is that accurate?
- A. Yes. That would have been a much easier way to say that.
- Q. Oh, that's fine. And you said that you have publications. And you indicated that there are probably more recent publications than the last one here of 2018. Is that correct?

Page 51

- A. Right. I just -- there -- I believe we had one in 20 -- I know that there is now one in 2022 and it's a second edition. And like I said, I just got the digital copy. I have not received the hard copy. And I will update it with that.
- Q. So prior to 2022, the last one would have been in 2018?
- A. Yeah. I really think I missed one. I'm pretty sure there was -- there's a pediatric -- we did a pediatric one. Can you scroll down a little bit more?

Yep, it's not there. So I need to add that pediatric one. We did the pediatric book in 2021. I obviously should -- I would love to write myself a note right now to tell myself to add that. I did not realize that was not in there.

Q. Well, I'm glad I can be of help with that. So everything in here is accurate other than, perhaps, it's missing some publications.

Is that correct?

- A. To the best of my knowledge, I would say that's an accurate statement.
- Q. Okay. And prior to working with Paoli or Main Line Health, did you have any other nursing jobs? And I can go there, if you need me

to refresh your recollection. Maybe we will just go with your recollection.

Where did you start your nursing career?

A. I started my nursing career up at the Jamaica Plain Boston VA. Like I said, I worked there for maybe a year, not quite a year. It was difficult in that -- yeah, it was -- I needed to change VAs. I had a two-year commitment.

So then I transferred to the Philly VA.
I laugh every time, because I swore when I left
Penn after I graduated that I'd never come back to
Pennsylvania, and now I will probably die here.
But that's God's sense of humor in my life.

I went to the Philly VA and I finished my two-year commitment. I worked a little bit there, a little bit beyond, not too much more, than my two-year commitment.

And then I wanted to be a real -- I'm putting quotes around the word real -- trauma nurse. So I applied for a job at the Medical College of Pennsylvania, which I think changed its name, I can't tell you how many times, when I worked there, who owned it or whatever.

I worked there until they actually shut

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Page 53 down. Before they closed their doors, I had started working per diem at Paoli Hospital. So when Medical College of Pennsylvania closed, I had an easy transition to Paoli.

I did remain part time for a while per diem, actually per diem, because it was during some of that that my husband and I were going through infertility and trying to have children.

We got to a point of -- well, and then I started picking up my part-time job, and I pretty much worked the part-time job since then at Paoli until November 1st, 2021.

- Q. Okay. And I just have up on the screen --
- A. Oh, I forget my ICU license. Yes, I did go spend a couple of years in the ICU, but that was still at MCP.
- Q. So I think we have covered everything up until starting at Paoli. And you started in a part-time position. Is that accurate?
- A. No. I started in a per diem position because I was still working at MCP until it closed.
- Q. All right.
 - A. The little -- the little -- hangover is

Page 54 not the word. Cross -- hangover is not the word I want. A little crossover between the two.

- Q. No. I see that. And it looks like that's through 2000 to 2005 that you had a crossover.
- A. There it is, crossover. That's a better word.
- Q. I think -- yeah. Then you moved into as a clinical leader, it looks like, in 2005 with Paoli Hospital?
 - A. Yes.
- Q. Did you continue to be per diem or did you go part time or change the relationship at all with --
- A. I had -- I had gone -- I would have to really dig back. When I took the coordinator position, I officially was part time at that point. Had I gone part time before then, I am not sure. I think there was a period in there where I kind of volunteered as their charge nurse because their charge nurse had left.

And then they created this clinical leader position, and I did go into that role as part time. And now that role is now a clinical coordinator. Same role, different name.

Page 55 Q. Okay. So you worked part time, I think at -- pretty much at all times and on an hourly basis, I guess that would translate into, rather than a pure salary basis. Is that accurate?

- A. Correct. I have not -- correct. All my career has been that.
- Q. Okay. And so the hours you worked would also probably be adjusted depending on the volume and how busy they were at Main Line Health or Paoli Hospital. Is that accurate?
- A. Can you clarify that question? I'm not sure. I worked part time. Were there shifts that there -- were there days that I was able to pick up extra shifts or I could sign up for extra shifts or if they had holes or needs? Yes.

But the position, I always remained part time. I was .5 towards the end at Paoli. One of the --

- Q. When we --
- A. Go ahead.
- Q. When we talk about part time, how many hours are we talking about for part time?
- A. That's what I was just about to get into.
 - O. Okay.

Page 56 A. So when we worked eight hours, I did -the eight-hour position, I was two days one week and three days the other week. So that was a pure part-time position. I guess I would have been a .5, is what they would have called it then.

And then the whole scenario within healthcare kind of switched to 12 hours at some point in my career. And then when we went to doing the 12 hours came, I job shared, pretty much, the job. I would do two 12s a week and my colleague -- a colleague would do the three 12s a 12 week.

At the end of my time at Main Line, the nurse that I -- Lauren, who I split the job with, she had had a second child. She wanted -- instead of being a .9, she wanted to become a .75 and she asked me if I would pick up an extra shift and be a .75.

You know, my husband and I prayed about it, considered it -- that's what we would do with all of our decisions, we go to the Lord and we decide as we seek His guidance. And at that time was when we were beginning to be thinking about the construction project and all that.

So I did -- when I was terminated from

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Page 57 Main Line, I was working point -- technically I guess you would call it a .75. I was working three 12s one week and two 12s the other in a pay period.

Q. So three 12s, that's three 12-hour shifts, and that would 36 hours; and two 12-hour shifts would be 24 hours. So during the pay period of two weeks, that would be 60. I'm horrible at math, but I think I can add those two.

Is that right?

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A. That is correct.

Q. So it would be around 60 hours per pay period. If they were busy, and I assume during the pandemic, Paoli Hospital was pretty busy, would you volunteer for additional hours to help out if there was a COVID surge, for example?

A. I wouldn't -- I would not characterize it as during the surge. Throughout nursing when there's holes and needs, you know, you have the opportunity to pick up extra. And I would do that, depending on what was going on and things like that.

I went through periods where I never picked up extra, especially during some -- you know, again, after I came back, of infertility and Page 58

things like that, I did not pick up any extra.

That waxed and waned in my career.

I was not doing the 60 hours per week for that long before I was terminated. So the majority of my time at Main Line was -- would have been called a .6.

Q. So .6. -- you're saying .6 of, I guess, 40 hours a week is the standard. So .6 --

A. Well, with 12 hours it would be 36. Three 12s would be 36. That was considered full time. So .6 would mean I would do two 12s a week and that's considered .6.

Q. Okay. I'm just -- the .6 was in relation to what is what I was trying to get at. But that's just what they refer to it as, .6?

A. Part time.

17 Q. Okay. Part time. Were you eligible 18 for benefits as a part-time employee?

A. Yes.

Q. How were you eligible for benefits as a part-time employee?

22 A. Main Line Health offers them everywhere. Suburban offers them -- you pay more into it if you opt to use their benefits as a part-time employee. So I'm going to pay more in

Page 59 my paycheck or weekly or monthly, however they take it out, if I'm part time versus full time.

- Q. Okay. So you would pay a little bit more into your paycheck for health benefits, but you were eligible for health benefits and you received them while you worked at Paoli Hospital?
- A. I did not. I am under my husband's benefits.
- Q. Okay. How long have you been under your husband's benefits?

A. Ever since I got married.

Q. Did you receive any other benefits while you worked at Paoli Hospital?

A. They had a pension plan, because I was there for 21 years that I was in, which obviously stopped accruing or growing as of November 1st, 2021. They also had a 403(b) with a matching that I did, too.

Q. Does Suburban have a 403(b) matching?

20 A. They have a 401(k) with its profit. But it is -- if I remember right, Main Line Health's is four percent. Suburban, I believe is one.

Q. So four percent is what the employer would match in terms of --

Page 60

A. Correct. Correct.

Q. And do you recall how much in terms of percentage that you put into the 403(b)?

A. I believe I did ten percent of every paycheck at Main Line.

Q. Okay. And four percent would be matched?

A. Right.

Q. And are you enrolled in Suburban's 401(k)?

A. I am not at this time.

Q. You would have the option to, though. Correct?

A. Yes. I have spoken with my financial advisor. And we have been doing that. In fact, we have another meeting in August.

We are just trying to do some responsible things and do some planning. So that is on the docket to discuss this year. We had met with him in December of 2021, and then our next meeting will be this August.

Q. Okay. Does Suburban have a pension plan?

A. Excuse me?

Q. Does Suburban have a pension plan or

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any sort of profit-sharing plan that you're aware of?

- A. No.
- Q. Did you like working at Main Line Health?
 - A. I did.

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- Q. What did you like about it?
- A. I liked the professionalism. I liked the opportunities, that you were able to seek your own professional growth. It was a very collegial teamwork approach in the emergency room at Paoli.

It was -- I loved working at Main Line Health. I really planned on working until retirement, if it meant Main Line Health.

Q. What -- tell me about your last job, what you did at -- we have it here in your CV.

But I want to ask you, I'm going to turn to the top of your CV, and ask you based on -- so you can tell me what you did from on a day-to-day basis in your last job at Paoli Hospital; what did you do?

A. So we had two primary focuses. I still don't think that's the right word. As coordinator, you did your throughputs, your quality improvement, your quality assurance. You

did education. You did in-the-moment staff leadership. From redirecting -- some management.

We also had -- what I loved about the job is, you know, a large portion or significant portion of it was clinical. So I was still at the bedside. I would do trauma alerts. I would help patients. I would do what I needed to do. I interacted with patients and families and doctors and would triage and do the roles that I -- that is what I love to do.

It was a very good fit for me professionally. It was a challenge for me. I grew a lot in that role. You know, kind of the overall.

On the side, I did participate in a clinical honor program which was another whole area of growth for me. And in my last year there, I was actually mentoring to groups of nurses with a clinic adjunct project because, you know, I was -- I was very invested in that program.

I felt it was the best way to engage nurses to start to think more clinically and use critical thinking skills and not just do tasks.

And I was slated to take over the clinical ladder lead team, at least in the

¹ emergency room, in December of '21.

- Q. What do you mean slated to?
- A. I was going to take over that position. The nurse that had done it in the emergency room didn't want to do it. And we had started talking about what I needed to know and how to work, you know, working with the -- she didn't do a lot of the project work.

She would just tell people -- she had become the go-to person to come to if you needed to know what needed to be in your binder and how did you get this and how do you -- you know, the clinical ladder was the series of views among the teachers and you kind of did things within that. I kind of did things like that.

I kind of ratcheted it up a notch in my leadership role because I was so invested in the growth of nurses. My focus of my master's program was nursing education. So I loved teaching and facilitating, and I loved watching others grow. So I do a lot with that.

- Q. Would the position have been posted?
- A. No. It's not a position -- well, let me -- posted as a formal position? No. How it was it goes out in the weekly 'Friday Facts'

saying hey, we're looking for a new clinical ladder team leader for the emergency room. You

ladder team leader for the emergency room. You know, let the manager know if you're interested.

And I was interested. And I was going

to be it as of December of '21.

Q. Was there any sort of offer or communication telling --

A. In other words, the only -- I'm guessing you're speaking financially?

- Q. No. I'm -- we'll get to that. But I am speaking in terms of documentation showing that you were going to be put in that position. Was there an offer of that? Is there any written communication that reflects that?
- A. I do not believe there was anything as formal as an offer letter. I do know that the staff knew, whether it was from 'Friday Facts' or word of mouth, because Julie was telling people that Dawn was going to be the new team leader.

You know, that's something that I do not believe that was something that you -- you would go to monthly meetings with the clinical ladder leadership team.

I had only attended one of those meetings prior to my termination, because Julie

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Page 65 and I were trying to segue and she said you should come to this meeting. So I did.

But it wasn't -- you know, I never received a formal offer letter, but I certainly was on a roll.

- Q. Would there have been any change financially if you had received that position?
- A. No. But it would have checked one of the difficult boxes to obtain your clinical ladder five, which did come with a financial -- what would you use? Incentive. Benefit. You got the 3.50 extra an hour if I was a clinical ladder five. And I was a clinical ladder five.

But it would make that last -- the last box, the last I guess, it's teachers, I guess it would be with the S, that was always most difficult to be able to get your -- to attain your clinical ladder five, and it would've checked that box for me.

Q. Okay. You're saying that otherwise, you had met all of the requirements for clinical ladder five, and that would have checked the last box so that you could have received the clinical ladder five?

A. No. Let me clarify that. It was one

Page 66 of the options in that last box. The other options are -- some similar to you doing a Q/A project or you're leading a Q/A project. You are doing research. So you're in a research fellowship.

Or one year I was -- before -- they used to only go to a four. Four used to be the highest. When I was a clinical ladder four, if you were published, you can use that because it obviously takes a lot of work and effort to be published.

So, you know, attained either a four when the four was the highest, or a five earlier. But it -- it was just one of those boxes you could check, I guess. It makes it sound a little more trite, but it was a lot of work.

Q. Just to turn to what you said. You said you were involved in clinical, that you were next to the bedside of patients and that was something that you liked.

You were regularly in contact with patients in doing your last position at Paoli Hospital. Is that correct?

A. Yes.

Q. And these were patients of -- well, I

Page 67 don't know want to classify anybody. But patients of all types; individuals who were young children, babies potentially, different genders, age, disability status. 5

Is that right?

- A. Yes.
- 7 Q. So some of these individuals were, we'd call them a vulnerable population set. Do you understand what I mean by that?
 - A. Absolutely.
- 11 Q. Do you think it would have been 12 important to have all the vaccinations recommended by health authorities if you're providing bedside service to vulnerable populations?
 - A. So I'm just clarifying. You're asking me a personal opinion here?
- 17 Q. Yeah. I'm asking you for, you know, 18 your -- yes, your opinion. 19
- A. I -- we all wore the same PPE. We all followed the same procedures. People that received exemptions, whether it was medical or 22 religious, followed the same protocols with the exception of weekly testing. So I think that exceptions were made, and exceptions could be made 25 safely.

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- Q. What vaccinations did you have?
- A. In terms --
- Q. I'll give you some examples. I understand you regularly got the flu vaccine.

Correct?

- A. Yes.
- Q. You had the Tdap vaccine, tetanus?
- A. I have had the Tdap.
- Q. How about the pneumonia vaccine, have you received --
 - A. No.
- Q. How about the shingles vaccine, have you --
 - A. No.
- 15 Q. -- received that? Have you been recommended to receive any of those by a doctor or medical provider?
 - A. Um, I'm not -- to speak honestly, I'm not one that goes to the doctor very often. So Dr. Greer, I will say that I do see Dr. Greer regularly outside of the office. He plays squash. But I haven't seen him recently.

But I don't know. I would not say -- I don't know that we've ever had those conversations.

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Page 69 Q. Do you have any health conditions, any chronic health conditions?

A. Chronic health conditions? No. I do have some allergies that I have that I -- you know, it's between allergies with my latex and cross-allergies. I'm actually allergic to rubber and elastic with a cross-allergy to latex, and I do have some rosacea from that. Guess you could consider that a chronic condition.

- O. Any asthma?
- A. No.

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- 12 Q. Now, when you get the flu vaccine, that's not only for yourself but that's for who you are serving. Correct?
 - A. I think that there are different interpretations on that question. At the time and I -- as I said earlier, you know, say I used the Holy Spirit that's in me, that God gives me, and the temple of the Holy Spirit to navigate and make decisions.

And I had received the flu vaccine per further recommendation. Even though, as we all know, and it is well very published, that the efficacy of that is sometimes very low. So I'm -you know, I'm going to not surely say that it Page 70

necessarily protects others, per se.

As I would educate patients if they had it or they were getting it, I would say that it should likely have a lesser course of the flu, which is how we would teach that when somebody would come in and they would test positive for the flu and they were vaccinated.

I can tell you that in my journey since November of 2021, I have been having some serious prayer time and discussions about whether or not I will continue to receive the flu vaccine in the future.

I feel very strongly that my body is made and pure and holy and is a temple of the Holy Spirit. And I have come to realize through, you know, my walk and the Lord's discerning and things that I am not sure that I will been continuing with that medical intervention, as a healthy individual with an immune system that God has provided me with, that He ordained me with when He formed me.

Q. In terms of the -- and we'll come back to some of that. In terms of -- I want to go back to my original question, which was the reason for the flu vaccine. And I recognize that the

Page 71 efficacy goes up and down, you know, year to year ² and sometimes it can be quite low. The reason for it is to try to avoid infection of yourself -- and that's for yourself.

5 But as a health careworker, if you're infected with the flu, that infection can be spread. The flu is contagious. Right?

- A. The flu is. But I will have to not try to be difficult here. But if I am sick and have a fever and not feeing well, I would not go to work. I would use my leave bank or PTO -- I forget what they called it right now off the top of my head -at Main Line, and I would not be at work under those conditions. So I would not be exposing somebody to that.
- Q. I understand that. But as a nurse, you recognize that viruses can be contagious before you show symptoms. Correct?
- A. I do know that there is a pre-germinal period.
- 21 Q. But my question was -- and some viruses 22 you can be asymptomatic and not know that you have the virus and spread it to others.

Is that correct?

A. There is -- again, you're speaking to a

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nurse who is published and has done research. There are meta-analyses and things on those that show different things, whether or not -- when you do not have symptoms whether or not.

So I do think that there is that possibility. I will -- I will agree with you on that. But we may have to agree to disagree on some of that -- that other point.

Q. And feel free to share any of that. If you disagree, my next question is almost always going to be what is the basis of your agreement.

So, for example, would you disagree that you could be --

- A. Sorry. There's an ant crawling across the thing. Sorry. Okay. I got it.
- Q. That's okay. Would you disagree that -- we'll start with the flu; that the flu virus, you can be asymptomatic and have the flu virus and be contagious.

Would you disagree with that?

- A. I would have to look at the literature to be able to answer that honestly and completely off the top of my head right now.
- Q. How about COVID-19? And when we talk about COVID-19 -- well, before we get into it, I

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Page 73 want to talk about in relation to COVID-19 is how it existed in the Fall of 2021. Because, as with all viruses, COVID-19 virus mutated.

So -- and the understanding in the Fall of 2021 with regard to COVID-19 is that it had asymptomatic transmission. Is that correct?

- A. That was the belief system at that time.
- Q. Okay. And part of the reason for recommending that healthcare workers like yourself be vaccinated for COVID-19 would not only protect the healthcare workers but also individuals who were around them, or who you provided service to, such as patients, vulnerable population.

Is that correct?

- A. That was the belief at that time. I -as we all know at that time in COVID, many of the testings, things like that, were not known and were not done. So the belief was there. Yes, that was the belief and --
- Q. Now, when we say the belief, we're saying the accepted belief by the health authorities at the time, such as the CDC.

Correct?

Um, I would have to -- you know, I

Page 74 would probably have to do a timestamp. Because the CDC had very many changes on their website as well as to what things were and what they did.

But yes, at the early part, you know, I believe that that was the message that the CDC delivered.

Q. Do you believe -- and this doesn't have to be -- this is your personal belief, that's fine, or if you have literature in relation to it.

COVID-19 in the Fall of 2021 was a potentially fatal disease, particularly for a vulnerable population such the elder and individuals who were immunocompromised?

A. I do believe that even the flu is potentially fatal for those populations as well as is pneumonia, as is anything else.

As for what I was actually personally experiencing between March of '20, and we can go to the Fall of '21, I believe is where we're speaking of right now, at the time, I think some of what we were -- I was professionally seeing and my personal was not matching of the narrative all the time.

I'm not judging that. I'm not saying whether it was right or wrong. But I'm just

saying sometimes in informal discussions amongst ² staff, you know, we had our moments of fear. We had our moments of oh, no, when is our surge coming; oh, what are we going to do; will we make it; how is this going to go, to hey, we're really doing okay. None of us are getting sick.

So you know, I think that there was sometimes a reality check with what the -- what'd you say, the CDC was -- how'd you say that, the CDC was disseminating that information?

- Q. Did you care for any patients who died after having a COVID-19 infection?
 - A. After having the COVID-19 infection?
 - O. Yes.

A. Um, I can tell you in the emergency room, you know, we care for patients. Did I admit patients with COVID-19 to the inpatient units? Absolutely. Do I know who died or how -- or if any of my patients died, I do not know that.

Because once they went to the floor or whatever, we do not access the chart or whatever, we would obviously in the Fall of '21 or even before the Fall of '21, you know, in March, even in '20, we were getting daily updates. So you knew how many inpatients there were in the system

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and things like that.

But you know, do I know? I can't say that. Nobody -- I did not, per se, was involved in the coding in the emergency room where we pronounced them dead with COVID-19, if that's what you're asking me.

- Q. During the same time period that we're talking about, did Paoli Hospital treat a number of patients for COVID-19?
- A. Absolutely. I said that in the daily 11 things that came out, we'd have the number of patients and how many at each hospital there was. And you would see that that was their mission.
 - O. Were there times where the COVID-19 infections created staffing issues in the emergency room?
 - A. Just COVID-19?
 - Q. Well, either when we talk about -- I used the word surge before. I understand that people go to the emergency room for all sorts of things.

My understanding is that hospitals experienced a high volume of patients during that same time that we're talking about, and part of that was compounded by the COVID-19 pandemic that

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we were experiencing at the time.

Are you disputing that?

A. I'm not disputing that. I just think that in terms of surge, you know, if you could define surge. Did we have busy days? Did we have higher census days? Yes. Did our staff --

I mean, that's one of the other reasons I really enjoyed working at Main Line Health, because they saw needs and they would staff appropriately. And you know, our staffing numbers would adjust just for volume. If our volume numbers were trending, you know, as a coordinator, we had meetings about that, you know, and we would up our staffing.

Oh, we saw ten percent more patients the last six months, so we're going to add a nurse between the hours of 11 to 7 for extra shift. Main Line Health just -- they just -- they were --I -- they were above the top on that.

So in terms of what we saw in the emergency room, there in the very first few couple weeks or so when people were just driving in and we had the outside driving, we never really saw the -- we always just kept saying when's the surge coming, when's the surge coming, when's the surge Page 78

coming.

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We had our busy days. Don't get me wrong. Was it always due to COVID? No. Were there, you know, 40, 30 percent of the patients in the ER there for COVID symptoms? Absolutely. I'm not going to say that's not true.

But I'm not going to say that patients were not being cared for or not being treated any differently than probably like the emergency room is today. We had 28 beds, and we were up to seeing, you know, 130, 140 a day.

- Q. You had 28 beds in Paoli and you were -- were you seeing -- seeing doesn't mean admitting. That means that you were treating in some respect up to that many patients per day?
- A. I'm sorry. I didn't quite hear that. You cut out a little bit on me.
- Q. So you said you had 28 beds, but you were seeing over a hundred patients at times?
- A. Always. Even pre-COVID we were. Our numbers were up there. And we didn't just stick to those 28 beds. Any good ER nurse knows that you use hallways and cubbies. You had vertical people. You had people that pretty much -- people would, even pre-COVID, they would have their whole

Page 79 emergency room visit in the waiting room and never get back to a room.

Did we take mitigation things during the COVID period where our waiting room was divvied up into six-foot places, here's a place to sit if you're waiting, here's a place to sit, you know, things like that, visitors and like that? Absolutely.

But you know, we kind of talked, it was another day in the local emergency room and all roads lead to Paoli. I mean, we joked about that all of time.

- Q. I understand. And did you ever form a belief at that time as to whether vaccines helped prevent the spread of COVID-19?
- A. Did I form a belief during -- once they came out in December of '20 to November of '21?
 - O. Yes.

19 A. I do know that we had people in the emergency room that were vaccinated. Did I form a belief did it work/did it not work? I don't -- I 22 don't know. To me, I just treated a patient with (sic - for) the symptoms they presented with, and I cared for them and I provided high-quality care.

That, to me, didn't change how I

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provided my care or how I treated my patients. I was surprised when we were seeing patients that were vaccinated that were positive. I'm not going to deny that.

- Q. Did you research it?
- A. Um, in -- I guess I would probably need to have a definition of research. I used my visual, what I saw and what I experienced.

I certainly did go to visit CDC website, the CDC, and some of the other websites, and I would look. But there was not a lot of information there, especially about when -- if you're talking about the vaccine now, there was not a lot of information there available about studies and things like that to know how to reach that decision.

- Q. Did you have an understanding of the science behind the COVID vaccine?
- A. Did I have an understanding of the science behind the COVID vaccine?
- O. Yeah. Behind how it worked, how it was developed. Did you have an --
 - A. Absolutely.
 - Q. -- understanding of --
 - A. Absolutely. I knew that it was a new

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Page 83

Page 81 technology, a new approach to a vaccine. I was well aware of, you know, the discussions and -and concerns for those of faith with the aborted fetal cells. I --

- Q. Ma'am, when you say new approach, are you referring to the RNA vaccines or the Adenovirus-Vector vaccine? What are you --
 - A. Well, both --

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Q. -- referring to?

A. Well, both of those use genetic components in their vaccines. All three of them do. The method of delivery, so obviously I know enough about it. Well, some of that knowledge, did I have that knowledge then, do I have that knowledge now? I'm not going to be able to delineate that for you probably as clearly as you would like.

I was well aware because I had life experiences that I needed to make decisions about for my life and how what my religious views -- I think I've said this before. It's worth reiterating.

My world view is a religious world view. And I take the situations and life's events and things that are happening, and I look at them Page 82

through the lens of God and His word. So --

Q. Well, I will ask you about it. But I will to ask you about the science first. You mentioned genetic components. I -- you know, I want to follow up on that.

What do you mean by that, they had genetic components? Were you concerned that the genetic components would alter your genes or DNA?

- A. No. I was concerned that I was -- for me personally again? We're talking about me personally?
 - Q. Sure.
- A. I was very well aware that I had life experiences, whether it was through the situation at Penn when I -- you know, it's hard.

16 I'm going to tell you, the situation at Penn with the same nursing program, to my husband and I taking birth control for a very short period of time and then feeling very badly. And we stopped it because we felt like we were interfering with what God's temple of the Holy 22 Spirit in the perfect person that He formed, because he formed me and He knew me before He formed me and that I would be interacting and

interfering with His perfect and holy body that I

am, to infertility.

And to me, the infertility piece was the biggest piece of the genetic components.

In my religious exemption, my sincerely religious-held belief is that I am not going to alter -- not alter. But I am not going to interfere, change, interact, do anything that would put the perfect body, even though it isn't perfect, that God made because I'm a temple for Him. And He speaks through me. And He formed me. And I'm not going to do that.

So my concern and my investigation or searching, my studying was about the genetic component, whether it was --

- 15 Q. But isn't that true about almost all 16 medicines? Medicines would alter, such as 17 antibiotics, and some of them have genetic 18 components. And they alter how a patient responds 19 to an infection. Correct?
- 20 A. So, my body -- let me explain it maybe 21 this way better. Let me explain it in terms of 22 the --
 - Q. And we're going to explore the religious entirely.

A. Yes.

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Q. I'm trying to explore kind of the science side of it and get some sort of understanding from you in relation to that.

But go ahead.

- A. So, I think part of the reason you're having a little trouble with that is my view and the way I view and interact in things is through a religious lens. So for me to separate the two is not going to come out that way. Right? Because I don't --
- Q. As a nurse treating patients you have to separate the two, because you have to do what's scientifically recommended. Correct?

ATTORNEY DALLER: Objection to form. You're asking her about personal on one side and treating patients on the other side. We need to either separate those out or make that a little bit clearer as to what you're asking her at the time.

ATTORNEY HENNESSEY: I think the question is clear enough. And she started to answer the question. Go ahead.

THE DEPONENT: Can you repeat the question, please?

ATTORNEY HENNESSEY: Yeah.

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BY ATTORNEY HENNESSEY:

Q. So you were talking about how you see and do everything through a religious lens. But you're a nurse in a hospital treating patients.

And when you treat patients, you're not treating patients based upon your religious views. You're treating patients based upon what the doctors recommend or what your nursing requirements would be. Correct?

- A. I do follow the orders of the prescribing physician unless I have a religious exemption to performing them myself, yes.
- Q. And when we're talking about medicine, I mean, as a nurse, you regularly administer medicine to patients. We can talk about whether you ever prescribed medication. But you regularly administer medication to patients. Correct?
 - A. I do.

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- Q. And you -- and that medication that you administer would change how they might naturally respond to an injection. Correct?
- A. My interpretation with my nursing background is that I am administering a medication to improve, correct, cure, to provide an antibiotic, to provide an ointment for a wound, to

provide wound care.

I'm not administering a medication that is going to change how their body is working. We hope when we prescribe an antibiotic that their body responds to it. Sometimes we have to change it to something else. But it is their body responding to the treatment we're giving. If that answers -- that's how I interpret that.

- Q. And you administered vaccines in the course of your duties. Right?
- A. The only vaccine I personally have administered that I am doing a little self-check here is the DT, Tdap, whatever is the vaccine. And I have given rabbies. I had to think about it. I knew there was another one that I have administered. I have administered rabbies vaccines.
- Q. Do you know what the Tdap vaccine is composed of?
- A. Off the top of my head? I mean, I know that it's diphtheria, tetanus and pertussis. But in terms of composed of specifically, no.
- Q. You mentioned genetic materials. Do you know if genetic materials are in the Tdap vaccine?

A. I do not.

- 2 Q. Do you know what the flu vaccine is composed of; what the basis is for the flu vaccine?
 - A. I have done a little bit more work on that because I had an allergic reaction to a flu vaccination. There was latex in it. So I am more familiar with the flu vaccine and, you know, its makeup or parts or however/whatever word you use to describe that. Yes, I am.
- Q. What is the makeup of -- and I know 12 there are different flu vaccines. There are some 13 that --
- 14 A. Yes, there are. It's a protein 15 subunit.
- 16 Q. And that protein comes from what? If 17 you know. If you don't know or recall, that's --18
 - A. I'm going to tell you I don't -- I don't recall.

20 ATTORNEY HENNESSEY: Okay. let's take a short break. It's now 11:16 a.m. and we've been 22 here for a little under two hours. How about a five-minute break? Is that okay? 24

THE DEPONENT: Sure.

ATTORNEY DALLER: Make it ten?

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ATTORNEY HENNESSEY: All right. We'll make it ten. We'll come back. Again, you're on the stand. I will ask you if you've had any communications with counsel when we come back. All right? Thank you.

THE DEPONENT: Sure.

(Whereupon, a recess was taken from 11:16 to 11:28 a.m.)

BY ATTORNEY HENNESSEY:

Q. Before we get into the vaccination policy and your exemption, I just want to follow up on a couple of things that you had said.

Have you ever had surgery in the past?

- A. I had my appendix out around 19 -- it was when I worked early -- early years at MCP. Maybe 1990-1991-ish. And then I had finger surgery just before the pandemic, a year or so, because I had a growth in my PIP joint of my right index finger.
- Q. Any long-term issues from having the appendix out?
 - A. Not that I'm aware of.
- Q. Finger surgery. Any -- did you have to 24 wear like a cast or anything in relation to that?

A. I wore a gauze bandage, and I couldn't

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play squash for a bit. And it was irritating. It's fine now.

Q. Everything healed?

THE COURT REPORTER: Excuse me --(Reporter briefly dropped from Zoom.) THE COURT REPORTER: Counsel? Hello? ATTORNEY HENNESSEY: Yes. Hello.

THE COURT REPORTER: I dropped from the conference. Did you see my video drop and stop questioning?

ATTORNEY HENNESSEY: No. I'm sorry I didn't realize you weren't taking down what was being said.

THE COURT REPORTER: I dropped off of the video completely.

ATTORNEY HENNESSEY: Yeah. Sorry I didn't see that.

THE COURT REPORTER: Let me read to you the last two questions and answers so you'll know.

20 ATTORNEY HENNESSEY: That would be great. Then we'll just circle back and cover. Sorry about that.

> THE COURT REPORTER: No, I'm sorry. ATTORNEY HENNESSEY: No worries.

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BY ATTORNEY HENNESSEY:

- Q. So again, just to confirm, as you testified, other than the rabies vaccine and the Tdap vaccines, you've not administered any other vaccines to any individual. Is that correct?
 - A. That is the best of my recollection.
- Q. Have there been times when you've been asked to administer the vaccine that you -- a vaccine that you've refused to administer?
 - A. No.
- Q. And you started to testify before that there were certain procedures that you don't take part of. What are those procedures that you asked not to take part of?
- A. I think you called it a medical intervention. I have not administered Plan B to a patient.
- Q. Other than plan B, are there any procedures that you've been asked to administer, be a part of that you've refused to for some reason?
 - A. Not that I recollect, no.
- Q. As a registered nurse, do you have a problem with administering cutting-edge technology to patients other than in relation to Plan B?

A. I think that question is difficult to answer because I don't know what cutting (edge) technology may come and what it may involve. So hesitate to say that I've given cutting edge.

I know that in my years of practice I have not been involved in any situations where I've been given anything that is -- you know, a new antibiotic, sure. But nothing -- I don't know. My definition of cutting edge might be different than your definition of cutting edge.

Q. Do you have any problem -- you mentioned genetic components before.

Do you have a problem administering to others -- and we'll talk about yourself in a little bit -- but to others medications or vaccines that have genetic components in them?

- A. Can you give me an example of what that might be?
- Q. Well, I think there are numerous medications that have some form of genetic components in them. I mentioned before antibiotics. I believe some of the over-the-counter medications have genetic components in them.

Are there any that you've looked into

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that you would say I don't want to administer this to a patient because it has genetic components, or is that just something that you would restrict for vourself?

A. So now that you said that, I have never actually thought about that or looked into that. So I will add that to my to-do list in the future. But I have not run into that or, I guess to be honest with you, considered that at this point. So I will certainly do that.

But for me it is more what I would do to me and to my body. But I will definitely take prayerful consideration and use some discernment. I'm sure there are going to be some more things coming down the line that are going to need to make me to reconsider some of those decisions.

Q. In relation to COVID-19 and the vaccine, we started to talk a little bit about that. And I think you kind of hedged a little bit when I asked you whether you thought the vaccine was helpful. Let me ask you a specific question.

Do you have any understanding -- and we'll ask, you know, in relation to the Fall of 2021. Did you have any understanding as to whether COVID-19, the vaccine, reduced severe

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Page 93 hospitalization and death during that time period?

- A. I just don't know what you mean by -did you say MOS?
- Q. No. I said did the COVID-19 vaccine reduce severe hospitalization and/or death during the Fall of 2021?
 - A. I have no idea.
- Q. Did you research that issue at all at the time?
 - A. No.

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- Q. Have you since researched that issue at all?
- A. I know that most recently, and I say that within the last month, probably or so, give or take approximate, I have probably seen some pre-- similar to -- I've seen something come out about whether or not that is a true statement or not, I have not read them. I have seen them in the titles. I have not gone there.
- Q. Okay. And you testified previously about you would use PPE. Do you have an understanding of whether masking prevented the disease from being transferable or contagious?
- 24 A. That's a hard question to ask. Are we 25 talking about masking when you reuse the mask for

Page 94 three days and you send them to the recycler to come back. Never before in my career before COVID had I wore the same mask all day long, the efficacy of that.

Do I know whether or not it did? I do not know that. I know that I was very happy when I did not need to wear that mask.

- Q. Okay. You didn't like wearing a mask?
- A. I'm sorry?
- Q. You didn't like wearing the mask, it would be fair to say?
- A. I don't like wearing a mask and covering my face. It's -- you can see the breakout on my face. That is from the mask. It's hot. It's sweaty. But I did follow PPE when I was required to follow PPE. I did use my own safety goggles, because I found that squash glasses do not fog up like those safety goggles they give you at work. Even to this day, I still pull out my squash safety glasses.
- Q. So you use the squash goggles rather than -- okay. That's your alteration to the PPE?
- A. And I didn't -- I do not wear the regular face mask. I do wear -- I think I mentioned this. I wear the ones with the ties.

Page 95 ¹ It's kind of irritating that you actually have to ² tie, as opposed to the elastic because I will break out from the elastic.

- Q. You learned at some point, and you can tell me if this is not correct, that Main Line Health as a health system decided to adopt a vaccination policy, sometimes referred to as a mandate. When did you learn that?
- A. When the e-mail came out. I know that they had given previous e-mails about the -- you know, they were going to consider it if it became fully authorized. Then they would, you know, go there. But they were -- you know, when they first started talking about the vaccination, they said as long as it was EUA that they were not going to mandate the vaccine.

And then I believe it was, what, in that August 10th e-mail that we were told that despite the EUA status that they were going to make it mandatory.

- Q. What was your understanding of the motivation by Main Line Health to adopt the policy and make it mandatory?
- A. My personal opinion was it's part of what made them move a little bit quicker, was the

Page 96 fact that the CMS rule changed and it was going to impact -- and it was mentioned in that e-mail about -- and things about the impact financially.

So I do think that was some of it behind the decision-making process.

Q. So when you say CMS, you're talking about the Centers for Medicare and Medicaid Services and the mandate that CMS came out with at that time for health systems that received Medicaid or Medicare funding, that they would mandate that those systems have a mandatory vaccinations COVID-19 vaccination.

Is that what you're referring to?

- A. Yes.
- Q. Do you believe that it was motivated at all for the patient's safety or the community's safety at the time?
- 18 A. I think that that is what the CDC was 19 recommending. I think that it was well known before that that some health systems were adopting 21 a mandate and some were not. And it seemed to 22 varv.

I can't speak to the motivation of 24 upper leadership at Main Line Health. I can -you know, again, I can only speak to what is in

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that e-mail. And what their motivation was, I can't speak to that.

Q. And when you say what is in that e-mail, you were referring to the e-mail that was sent out by leadership?

A. I mean, yeah. I believe the first one was October 10th. And you know, they did speak in that e-mail about protection. You know, so I read the e-mail. I fully understood the e-mail. So that was communicated as well.

It was also, you know, communicated in that e-mail about exemption. So you know, I read the e-mail and was well aware of the next steps.

- Q. Okay. And did you attend any of the -- I understand there were some town hall meetings, any of the town halls in relation to the policy or the vaccination mandate?
- A. So I -- I do not recall that there were any town halls specifically about that. The town halls were more -- I did not attend very many. Probably less than one hand's worth did I attend during -- because they seemed -- they would seem to be during my shift.

And if I was off from work, I did not need to be living work. That has always been my

MO. I work so I can live. I don't live to work.

I think the town halls were to keep the staff up to date. It kind of morphed over the time about different requirements. What do you do if you have an infection. What we're doing here, why we're doing that. I was not on any of the town halls that spoke specifically to the policy about the mandate or vaccines.

- Q. And before you mentioned the e-mail in relation to the COVID-19 vaccination policy; are you referring to Jack Lynch's e-mail?
- A. Yes. So the policy that I actually had not seen prior to me being terminated, that I believe is dated in July of '21, I was not aware that that policy was out there.

So I'm speaking about the letter from Jack Lynch. I believe that was the letter that I received.

- Q. And you said that was October. Is that accurate?
 - A. (Deponent shook head in the negative.)
 - Q. Okay.
 - A. No. I believe that first e-mail that came out was August.
 - Q. August or July?

A. August 10th, the COVID vaccine policy I believe is dated in July.

- Q. And when did you -- when did you first review the vaccination policy?
- A. The actual policy that stated COVID vaccine policy?
 - Q. Sure.

A. About -- whenever Mr. Daller included it in one of our exhibits within. I never saw that policy when I was working at Main Line Health, and then I would not have had access to have it.

Q. Well, it was on Wellspring, the intranet. Right? You could have accessed it, had you gone back and --

A. I was not aware that there was a policy. So we sometimes, especially in our coordinator meetings, we talk about policies.
There was discussion about the August e-mail from Jack Lynch. I do not recollect any discussions about a formal COVID-19 vaccination policy.

Q. Did you go on Wellspring to look for the exemption form, for example?

A. The funny thing is is I got -- we got that e-mail I believe -- the reason I remember

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that date is I'm funny with numbers. I'm
horrible with names. Pretty good with numbers.

So I remember that I did reach out to,

um, Sarah Heilman in HR. I've known -- you know,

I've worked with Sarah. And I just said hey, in

this letter from Jack Lynch there's a reference to

exemption forms. I've called -- I was -- I've

called Occupation Health. They know nothing about

it.

She eventually -- I eventually found out, I don't know exactly what day or if it was later on the 10th, but they eventually got up. And once they got up, they went up, I immediately printed.

Q. Okay. So they -- you received a copy of the -- of the form from Sarah, or she told you where to get it from. Is that accurate?

- A. For the exemption form?
- Q. Yes.

A. Yes. I can't -- I know that I asked Sarah where do I get it, and I do not recollect if Sarah was the one that told me or if it was just a name that I don't remember. But I do know that we were eventually able to get it on Wellspring.

Q. Okay. So you got it on Wellspring.

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Page 101 And you're not denying that the policy was on

Wellspring. It's just that you don't recall accessing it on Wellspring.

- A. I have no -- I have no idea if the policy was on Wellspring or not.
- Q. Oh. All right. This is -- I'm putting in front of you something, and I'm going to go out of order a little bit. Because you mentioned the form rather than the policy, we'll circle back to the policy.

A. Right.

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(Whereupon, a six-page blank vaccine religious exemption form was produced for identification as Gray Exhibit 3.)

BY ATTORNEY HENNESSEY:

- Q. This has been marked as Gray Exhibit 3. Is this a copy, and I can scroll through it if you want, of the form that you accessed after your communication with Sarah Heilman?
- A. Yes, at some point after my communication. I'm not -- I mean, I just want to clarify that I'm not sure if Sarah was the one that told me the form is on Wellspring. But, yes I did access that. That is the blank form that I accessed.
- Page 102 Q. Okay. On this form it says here in this first paragraph here, and I have it up on the screen in front of us. And it's -- the page it's been Bates labeled at the bottom right-hand corner, the MLH Gray 01904. It says here Main Line Health's policy on COVID-19 --
 - A. Yep.
- Q. -- vaccine. It references in that first line there that professional medical staff must comply with the MLH COVID-19 vaccination policy.

Do you see that there?

- A. I do. That is -- that's -- I will have to punish myself for that one. Never. Never. I think I was already -- yeah, you're right.
- Q. So you don't -- but you don't recall seeing that or making that decide -- or you don't recall deciding to check the policy on Wellspring at that time. Correct?
- A. If I didn't see that, I didn't check the policy. I did not.
- 22 Q. Okay. And again, you're not denying that the policy was available on Wellspring? 23
 - A. Nope.
 - Q. It's just that you didn't read it at

1 the time.

- A. Correct.
- O. Correct?
- A. Correct.
- Q. All right. Now, you did have an understanding of what the policy required.

Correct?

- A. I know that the dates were clear and what the expectation was and that there would be a medical -- an opportunity for a medical and religious exemption and that you had to submit forms by the dates that were listed. And I did understand that.
- Q. Okay. The policy required that all Main Line Health employees and medical staff become fully vaccinated unless they have a medical or religious exemption. Correct?
 - A. Correct.
- 19 Q. And you had an understanding of what was required in relation to obtaining a medical or religious exemption in relation to the vaccination policy. Correct?
 - A. I knew -- you know, I hesitate to say that I knew it from the policy, because I never looked at the policy. But I knew the dates and I

Page 104 knew the expectations of what you needed to do in order to apply for a religious exemption or a medical exemption. And if you did, what dates certain things had to be done by. And November 1st was kind of the date.

And subsequent e-mails came out with further clarification of those things as the dates got closer.

Q. All right. You have testified that -this is a document I'm putting in front of you which has been premarked as Gray Exhibit 2.

(Whereupon, a three-page Employee Health Policy and Procedure Manual was produced for identification as Gray Exhibit 2.)

BY ATTORNEY HENNESSEY:

- Q. Your testimony is the first time you've reviewed this document is in preparation of today with Mr. Daller, or was it earlier with Mr. Daller?
- A. No. I saw it on one of the exhibits when he -- when we filed our lawsuit.
 - Q. Okay. Do you mean when you filed --
 - A. I never saw the policy.
- Q. Was it when you filed the lawsuit or filed the Pennsylvania Human Relations Act -- or

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Commission complaint, or do you recall?

A. When I filed with the PHRC the first time, the date was November 2nd and Mr. Daller was not with me. I did it with a representative named Saul Ravitch at that time. And that was the first one.

And then I received the Main Line Health's response. And it was at that one that I had -- I forget off the top of my head how many days to appeal that. I then attained or in -whatever -- retained -- that's the word I want -retained Mr. Daller.

Q. Okay. Well, I just want to run through a couple of these things to make sure that you had an understanding of this is what you were required to do in order to either obtain the vaccination or an exemption.

And I've showed you the document which is under the subject of COVID-19 Vaccination Policy, Non-patient, and it states the policy purpose there, "To protect patients, employees, students, volunteers and members of the medical staff from COVID-19 infection through vaccination."

Do you see that?

A. I do.

Q. And it identifies a procedure for new hires and medical staff appointees in order to obtain the exemption -- or obtain the vaccination. I'm sorry.

And then beneath that it talks about current employees and medical staff, which I think is the relevant language. It says under A of that that, "Main Line Health is requiring full vaccination for all MLH executives, directors, managers and medical staff by October 1st. All other MLH employees will be required to be fully vaccinated by November 1st of 2021."

Do you see that there?

- A. Yes.
- Q. What would you have fallen under? Would you have been a manager or other employee?
- A. I am the other MLH employee, according to my job code.
- 20 Q. All right. And you had an 21 understanding that that was what the requirement 22 was. Right?
- 23 A. Yes. I believe I have answered that. 24 But yes.
 - Q. Okay. And you were required to provide

Page 107 proof of vaccination by September 15th, 2021. And ² we'll get to the exemptions in just a moment. And there are also deadlines there for October 1st and November 1st, whether you were a manager or other employee.

Do you see that there?

- A. I do.
- O. And none of that is new, what I have referenced. None of that is new to you. Correct?
- A. No. I understood it. I understand it now.
- Q. All right. Now, underneath it says, 13 "Exemptions to vaccination may be granted for a valid medical condition or sincerely-held religious belief."

You were aware that you could get a vaccination (sic) for a valid medical condition or sincerely-held religious belief at the time.

Correct?

- A. Correct.
- Q. And in relation to -- under letter C it says, "A request for a religious exemption from the COVID-19 vaccination requirement will be evaluated by the MLH COVID-19 Vaccine Religious **Exemption Committee.**"

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Do you see that there?

- A. Yes.
- Q. And that was your understanding at the time. Correct?
- A. Yes. I will clarify that the way the Zoom is and with the little all tools on the left, I can't completely read that document, but I am aware that's what that says.

I don't know if you can get rid of the X on the left with the all tools. But some of those words are cut off.

But I do understand that that's what it says.

- Q. On my screen I moved it to the bottom. I don't know if it moved to the bottom of your screen. But you can adjust that and move that if you need to with your cursor.
- A. Hang on. I'm going to get an assist. Oh, that did it. That's what I needed. Now I'm good. I just needed that little box on the left to go away.
 - Q. That's a little better?
 - A. Much better.
- Q. And it goes on to say that, "A religious exemption from the vaccination

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requirement will be only for sincerely-held belief, precluding COVID-19 vaccination that is religious in nature."

Do you see that there?

A. Yes, sir.

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Q. "Personal beliefs and opinions will not be sufficient to qualify for exemption from the COVID-19 vaccination requirement. A person requesting a religious exemption must complete the MLH religious exemption form."

That was your understanding at the time. Correct?

- A. Correct.
- Q. Okay. Let me switch to the form itself, because I believe a lot of this is also restated in the form itself. And this is something that you did have access to and you did review; at the time you had access to both, but this is something that you reviewed at the time.

Correct?

- A. Correct. Can you get rid of the little X up there by all tools again for me?
- Q. Yes. The exemption form asks here -- and I will go to the language and try and pull it out for you.

It says here that, "A religious exemption from the vaccination requirement will be approved only for a sincerely-held belief precluding COVID-19 vaccination that is religious in nature."

Do you see that?

- A. I do.
- Q. Okay. And then it provides a process to request an exemption. "To request a religious exemption from COVID-19 vaccination, this form must be completed and returned by September 15th, 2021." -- Complete -- "Failure to completely and accurately provide the information requested will result in a denial of the religious exemption."

Do you see that there?

- A. Yes.
- Q. Question number one seeks a personal statement detailing the sincerely-held belief that's religious in nature.

Do you see that there? It says,
"Please provide a personal statement detailing the
sincerely-held beliefs that are religious in
nature regarding your COVID-19 vaccination
objection, explaining why you are requesting this
exemption, the religious principles that guide

your objections to COVID-19 vaccination and the religious basis that prohibits the COVID-19 vaccination.

"Please attach additional documentation
 supporting your sincerely-held religious beliefs,
 if necessary."

Do you see that there?

- A. Yes. sir.
- Q. And there was no limitation in relation to what you could provide at that time in terms of the information that would detail the sincerely-held religious belief. Correct?
 - A. Correct.
- Q. Then the form requests some additional information, such as, "Did you receive a religious exemption from MLH for the MLH mandatory annual flu vaccination requirement?"

Do you see that there?

- A. Yes, sir.
- Q. And it talks about whether your religious belief prevented you from receiving other vaccines or just the COVID-19 vaccine. You've received this, you have reviewed this form, and at the time you made an effort to provide or to comply with the requests on this form.

Page 112

Is that accurate?

- A. Yes.
- Q. And there was no limit at the time to what you could submit. Correct?
- A. There was no limit as to the time or the amount? Well, as to the time that you could submit, yes.
- Q. How long -- you testified that at some point in August you received or reviewed that form. Correct?
 - A. Yes. When it was available.
- Q. And how long did it take you to fill out that form providing your religious exemption request?
- A. Um, I -- I spent a lot of time in prayer. I am a -- as you well know, I'm a mastered-prepared nurse. I critically think. I've done editing and authoring. So I -- the way I write is I write on a Word document and then I amend and I change and I alter and I make sure that I -- you know, I write and then I edit it and then -- and so I did that.

And then I believe I submitted my form, I want to say it was September 11th, but I -- you know, that's an approximate date. But you know, I

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did spend a lot of time in prayer.

I had already been doing some of that in general in the anticipation that the day could come that I knew I would need to fill out a religious exemption form. I was not blindsided that the day would come. And I continued that, and I sought God's guidance on how I should do it and then I fill it out.

- Q. Did you fill it out yourself or did anybody help you prepare the exemption form?
- A. I filled it out. My husband did read it and he did make a few grammatical changes, which really made me mad because I think I'm pretty good at that. But the thoughts and beliefs, it was mine.
 - Q. Were the words yours, as well?
 - A. Um, I wrote it.
- Q. Did you review any other sample exemption forms or anything of that nature on the Internet or --
 - A. No.

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- Q. Okay. Other than your husband, did you discuss the exemption form with anybody else before you submitted it?
 - A. To my recollection, no. I am a -- I'm

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a private person.

Q. I want to kind of review your form with you that you submitted. We're going to take a look at -- you know, I'm assuming that you don't have an independent recollection as to all of language that you put on the form.

Is that accurate?

- A. I don't have a photographic memory. I am very familiar with what I put on that form and what it says and what it represents of me. I have read it and read it, and I felt that I was at that point before I submitted it because I kept reviewing it. That's the way I work. And since then, I've obviously reviewed it many times.
- Q. How many days did it take you to fill out the form?

ATTORNEY DALLER: Object to form. BY ATTORNEY HENNESSEY:

- Q. And I don't think I asked before how long it took you. I don't think I had a clear answer. Did it take you a few hours? Did you have the form for a few days? Do you recall how
 - A. Oh, I printed the form the first day that it was available and I submitted it. So I

was praying about it, reading the Bible, working through it, just reading what I wrote, making sure it accurately reflected what I was trying to express. I cannot give you a time of hours or days. It was -- it was a lot.

In fact, I do recollect thinking a couple times boy, I'm glad I'm going to work today so I don't have to think about this.

(Whereupon, an eight-page completed vaccine religious exemption form was produced for identification as Gray Exhibit 4.)
BY ATTORNEY HENNESSEY:

Q. I just kind of flipped down, what has been premarked as Gray Exhibit 4, to the bottom where there's a signature there.

And is that your signature? It looks like your printed name, Dawn E. Gray, and then your signature. Is that your signature?

A. It's me.

Q. And then the date on there, I'm not sure about that date. It's either an 8 or 9/10 of 21.

A. It's a 9.

Q. It's a 9. Okay. So you submitted it on September 10th of '21. Is that accurate?

Page 116

- A. Not necessarily. I don't know exactly. I would need to look at the records to see what day I actually e-mailed it to the Vaccine Exemption Committee.
 - Q. I understand. So you --
- A. That is the date I signed it. Yes, that is the date I signed it. And I did not make any changes after I signed it.
- Q. Okay. And it looks like your pastor filled out a form. But that was -- the date on that is 8/12 of '21. So you gave it to your pastor at some point in August, and he filled out that portion of it first -- or before you submitted the whole thing. Is that accurate?
- A. He was very prompt when I asked him. I knew that it was not required to submit a pastor's statement. It was optional. And I called him. We spoke on the phone, you know, once I had the form. And he said e-mail it to me and I will fill it out. And he obviously returned it on August 12th '21 to me.
- Q. Did he talk to you at all before he filled out his portion of it?
- A. I -- yes. We spoke about -- when I called and told him, we spoke about it, we talked

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about it, and I e-mailed him.

Q. Did you talk to him about what your objections were before he filled out his portion

A. He knew. Yes, he knew that I was objecting on the basis of the genetic components after my infertility process and religious beliefs related to that, to me, were parallel. That was the example I used in exemption form.

For me, I worked with staff every day teaching them don't be task forces -- I mean task focused. Use your critical thinking skills and apply.

And that is the approach I took with this exemption. I applied the foundations and gave a personal example of how I applied them. And the same religious beliefs applied in this situation to me.

Q. Well, let's go through that in some detail. I appreciate that.

Please provide -- question number one. We want -- I'll go through each question and I'm going to ask you about some of your answers on each question.

Question number one asked for a

Page 118 personal statement detailing your sincerely-held beliefs that are religious in nature regarding your COVID-19 vaccination objection. And we've already read through that.

Your answer is in handwriting here, but it's also printed. As you said, you used the Word document. It appears that if we go down to what's been Bates labeled MLH Gray 00439, at the top of that it appears to be a full answer to question number one. Is that accurate?

A. Yes. I am a lefty. I'm a nurse. And my husband said maybe I should print that for them because they won't be able to read it. It's kind of a running joke it in our house. We write notes to each other, due to the shifts and things like that, I don't see him.

And yes, I actually printed and I typed it and I handwrote it. Yes.

Q. That's okay. As you know, doctors are no better and I'm used to reading medical records. But we'll make it easy for today and review the text version. So I appreciate that.

So that was because your husband recommended it at you typed it up for them. What we're looking at is the typed-up version, but it's

Page 119 1 the same as what was handwritten except that

² there's even more information here. Correct?

- A. I'm not sure about your statement there is more information here.
- Q. Actually it's the same as -- the handwriting goes on to another page. So identical to what you handwrote, to the best of your knowledge and recollection. Correct?
- A. Yes. I believe that the questions and answers match. One is in handwritten form and one is in typed form.
- Q. In relation to question number one, you 13 started there and said that, "Even though I could apply for a medical exemption due to my allergy to PEG, I have chosen to apply for a religious 16 exemption due to the personal conviction of my religious beliefs."

Do you see that there?

- A. Yes.
- O. What is PEG?
- A. Polyethylene glycol.
- Q. And is PEG in the vaccines for COVID-19 that were approved at that time?
 - A. I was under that understanding, yes.
 - Q. Okay. And you were diagnosed at some

Page 120

point prior to that with a PEG allergy?

- A. Yes. When I was diagnosed with my rubber, elastic, latex, rosacea. It was secluded. I'm also allergic to parabens and several fruits. And I --
 - Q. Who diagnosed -- I'm sorry.
 - A. Go ahead.
- Q. I got feedback. I'm sorry. Who diagnosed you with that allergy?
- A. I have no -- it was a dermatologist. I went through testing years ago.
 - Q. Okay.
 - A. Years ago.
- Q. So you could have -- to your understanding, you could have applied for a medical exemption to the vaccination requirement?
 - A. I stated that right there.
 - Q. But you decided not to. Correct?
 - A. Correct.
- 20 Q. Why did you decide not to file for a 21 medical exemption as well as a religious 22 exemption?
 - A. I chose to apply for a religious exemption because that was the strength in how strongly I felt about my belief system and still

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do to this day.

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Q. Did you believe at the time that you would have been approved for a medical exemption had you applied for a medical exemption?

A. I can't speak to that. I have no knowledge of that. I applied for a religious exemption.

- Q. And then you go on to -- you mentioned this a couple of times before. But after that, you go on to talk about when your husband and you tried to conceive children. And I understand that was probably 20 years before this, in the late '90s, early 2000s, based on what you said before.
- A. That is -- that's an accurate approximation. It was an eight-year process, at least.
- Q. And you said there that you tried some low-tech options, but there were miscarriages and pregnancy was not successful at the time.

Is that accurate?

- A. It's what the document reads.
- Q. Okay. And you decided not to -- to carry on with additional options, which could have involved hormone therapy, IVF, et cetera.

You would agree with me, would you not,

that getting a vaccination for purposes of minimizing the risk of the spread of a disease in a medical facility is a completely different thing from a fertility treatment decision?

- A. I would not.
- Q. Why not? The fertility treatments would have been solely for you and your husband's benefit. Correct?
- A. They were for the purpose of trying to conceive children, yes.
- Q. Okay. The COVID vaccine, that's not only for your benefit but that's for the benefit of the patient population and the community at large. Correct?
 - A. It could be.
- Q. So the reasoning for the two are pretty different.
- A. Not to me. Not to the way I live my life and I make decisions on what God has that is best for me. So you know, I have clearly had plenty of time to rethink -- re --
 - Q. Well --
 - A. Critically think over what I wrote.

The fertility option was not the first time that I had come into, with my own personal

experience, with making a decision on what I was going to do or inject or do with my own body.

This was just, to me, the most clear example with how it paralleled with genetic components.

And that is the basis of my religious beliefs.

Q. What I'm getting at is we're talking about apples and oranges. We're talking about a vaccine that's being recommended by health authorities at the time and healthcare workers are being given priority for the vaccine.

Do you have an understanding of why healthcare authorities gave healthcare workers priority to get the vaccine?

- A. I believe there were two questions there. I'm not sure which question you want me to answer first.
 - Q. You can choose.
- A. So I'm going to have to disagree with you about the apples and oranges. Because for me, it was not apples and oranges. We're going to have to agree to disagree there.

As for the medical personnel first, I believe that that was the intent behind starting

with healthcare personnel. I do not have -- I believe that was the intent.

Q. And the intent was because medical care personnel, like yourself, are on the frontlines of dealing with the pandemic at the time. There had been a pandemic that was declared. Correct?

A. Yes. And we were all wearing the personal protective equipment. And exemptions were being given. There was no delineation. So

Q. Well, the recommendation for the -- for healthcare workers was to become vaccinated. We'll talk about exemption.

But the recommendation was vaccination. That was in order to ensure that the healthcare facilities could continue to provide care for patients. Correct?

- A. I can say that I believe that that was their intention, yes.
- Q. As a healthcare worker and somebody whose been a nurse on the frontlines, you would agree that there's a certain amount of sacrifice that you need to undertake to -- in relation to your personal interests to care for others.

Correct?

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Page 127

Page 125 A. There's a sacrifice to getting out of bed every morning. There's personal sacrifice involved in how I live my life every day.

Yes, there's a personal sacrifice when you are on the frontlines and when you are caring for others and you are putting their needs before yours. And that did not stop for me at any point.

- Q. And sometimes that means getting vaccines, though, correct, such as we talked before about the flu vaccine, which at the time you didn't have any objection to in terms of the religious objections.
- A. I have stated that previously. But I'm going to be very clear that I know that that is what you are saying and I'm not saying that's not the belief. For me, that was not an option.
- Q. You state here a couple of quotes from the Bible. One of them is Psalms, chapter 139: 13 to 16. Why did you include that in relation to your exemption?
- A. I included that because that's the verse --
 - Q. You can take a moment if you need to.
- A. I am. Thank you. I am. That's the verse that I held on to and prayed to and cried Page 126

through miscarriages, attempts, testing and everything. That's the verse. It's the verse that I trust in my heart that God knew and still knows His plan for me. And it's perfect. It is perfect even though I still have pain.

Because that verse speaks to His wisdom and His knowledge and His power. He knows me. He knows me better than I know me. And you know what? I'm never going to compromise that, even to the pain of not having children.

That verse means so much to me.

- Q. Well, I am trying to break that apart. And you know, if you need to take a short break, we --
- A. No, I do not need to take a short break because we will be doing this again. It's a difficult -- it's something that I still grieve the loss of the children that I did not bear.

It is -- let's just work through this. It's fine. I will be okay.

Q. Yeah. And just to be clear, I'm not 22 asking you about that. I understand that you provided information about those difficulties. And I'm sympathetic. I have had family members who have gone through the same thing. I

understand that.

2 What I'm asking you about is the COVID-19 vaccination and how it relates to this verse, which I'm familiar with, which talks about the -- God's creation of people and how that relates to the COVID-19 vaccine.

So I'm trying to -- you talked about critical thinking before. I'm trying to figure out how a vague verse like this about creating a human being translates to a medical procedure -or not even procedure -- taking a vaccine for the 12 purpose of protecting yourself and others during a pandemic.

And if you can answer that, that's what I'm looking for.

ATTORNEY DALLER: Brendan, I'm just going to interject and object. She is trying to. And the core of the explanation is what you --

ATTORNEY HENNESSEY: John. Yeah, I'm going to cut you off now because you are going to testify. I know what --

ATTORNEY DALLER: Then we can go off the record.

ATTORNEY HENNESSEY: -- you're going to do. No, we're not going to go off the record.

Page 128 ATTORNEY DALLER: We can go off the record and you and I can have a discussion.

ATTORNEY HENNESSEY: No, we're not going off the record. I'm not going to let you testify for your client. If you --

ATTORNEY DALLER: Brendan, if you stop

ATTORNEY HENNESSEY: If you want a break, we can have one. But we're not going to have this discussion on or off the record. We're just not going to do it.

She is under oath. I'm here. She put this in her exemption application. This is an allegation in her complaint and lawsuit that she filed. And I'm trying to get answers in relation to how it relates. It's a perfectly good question. And I'm not --

ATTORNEY DALLER: And she has answered your question.

ATTORNEY HENNESSEY: She did not. ATTORNEY DALLER: She did not the way you wanted it. Okay.

ATTORNEY HENNESSEY: No, she did not. You interjected before she had a chance to answer the question.

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	Page 129		Page 121
1		1	Okay, Brendan?
2		2	ATTORNEY HENNESSEY: That's fine.
3		3	ATTORNEY DALLER: Okay. For some
4	you to stop now or I'm going to call the judge.	4	reason there I am. Okay. Can you hear me,
5	ATTORNEY DALLER: Go ahead.	5	Brendan?
6		6	ATTORNEY HENNESSEY: I hear you. I
7	interjected before are you instructing your	7	hear you, John.
8	witness not to answer the question that I have?	8	ATTORNEY DALLER: Let me just close my
9	•	9	door as well. She'll be going out the other way.
10		10	ATTORNEY HENNESSEY: Okay.
11	discussion with you.	11	ATTORNEY DALLER: As you can tell, this
12	•		is a very emotional situation, and I'm not arguing
	a private discussion off the record. Have your		that you don't have the right to explore it.
14	_	14	
15	•		I just want to make clear, since she
16			has explained it once and your subsequent question
17	ATTORIVET DALLER. TH leave the foolit.		then went to well, they're different. And we can
18	In go outside if you want.		sit here until next the week, and I can tell you
19	ATTORNEY HENNESSEY: Okay. Why don't	19	her testimony is going to be that they are not
20	you do that.	20	different. So to
	ATTORIVET DALLER. And she not be on		ATTORNEY HENNESSEY: I understand. I
21	camera.	21	understand that, John.
22	THE DETOTION. I can go outside, if	22	ATTORNEY DALLER: Okay.
23	J = 0	23	ATTORNEY HENNESSEY: But I asked a
24	TITORIALI DILLLIA. Tour choice.		different question. I asked her to explain it.
25	ATTORIVET HENVESSET. Tuon teate who	25	And you interrupted then and you were going to
1	Page 130 leaves the room. I just don't want to continue	1	start with this explan that's why I stopped
2	with	2	you. You are entitled to object to form.
3	ATTORNEY DALLER: What number should I	3	But when you start with explaining on
4	call you at, Brendan?	4	the record in front of your client why they're the
5	ATTORNEY HENNESSEY: You can call me on	5	same or why her previous testimony was accurate,
6	my cell, 610-92	6	that's coaching the witness. And I'm not going to
7	_		let that happen while I'm taking a deposition.
8		8	ATTORNEY DALLER: Okay. That if you
9		9	would have let me finish, you would have
10		10	understood that what I was saying was because
11	_	11	your question was how was this Psalm related to
12	key testimony, and I think you're trying to	12	COVID.
13	obstruct that what I'm doing here, which is ask	13	She told you the relationship is
14		14	because of what she experienced through the
15	ATTORNEY DALLER: I am not.	15	miscarriages and infertility treatment. That is
16		16	all I was going
17	what's in her exemption application.	17	ATTORNEY HENNESSEY: That makes no
18	ATTORNEY DALLER: Absolutely not.	18	sense whatsoever, John. And I have a right to
19	That's not what I'm trying to do.		follow up.
20		20	*
21		21	ATTORNEY DALLER: You do. I just
22	(Whereupon, the deponent left room	22	ATTORNEY DALLER, You
23	and an off the record discussion was noted,	23	ATTORNEY HENNESSEY, 14 males agree
	ATTORNEY DALLER: We're going to leave	24	ATTORNEY HENNESSEY: It makes sense
	her computer on audio just because that is the one	25	maybe in your mind but not in my mind. And I had
	that I've been speaking to.	23	a right to follow up and ask for an explanation.

Page 133 Page 135 question for you. I think you understood the ATTORNEY DALLER: You are correct. I question. I'm going to have the court reporter just wanted to bring up that fact to you so that you are aware. That's it. read it back to you. And I would like to hear ATTORNEY HENNESSEY: Okay. your explanation. And I may have some follow-up questions. ATTORNEY DALLER: She's doing fine as far as I'm concerned. Okay. I don't need to But bear in mind, if it becomes protect her in any way, shape or form, if that's emotional or any of the testimony does, feel free what you think I was doing. I'm just trying to to ask for a moment or a break, whatever that may minimize the emotional trauma. mean. I am understanding of that. 10 ATTORNEY HENNESSEY: Well, that's why I 10 So if the court reporter could read 11 asked if she needed a break. That's fine. Take a back the -- my last question and we can go from 12 12 break. We can take time to work through it. I'm there, I would appreciate it. Thank you. 13 13 fine with that. (The record was read by the court 14 14 ATTORNEY DALLER: Okay. reporter, as requested.) 15 ATTORNEY HENNESSEY: I don't want 15 ATTORNEY HENNESSEY: I will grant it 16 16 her -- I understand that. was a long question, but can you answer the 17 17 question? I believe I laid it out for you there. ATTORNEY DALLER: Okay. So I think 18 18 we're on the same page. As long as you don't THE DEPONENT: So, I will do my best to 19 continue -- you know, you get your answer. That's try to figure out how you don't understand the 20 20 fine. Move on. connection between this verse and how it applies 21 21 Keep going back to, you know, well, the to my religious beliefs and the COVID vaccination. 22 22 infertility has nothing to do with COVID, which is The COVID vaccination is a genetic a pure secular medical feign, doesn't respect her 23 component. According to this verse, it says that religious rights the way Main Line did to begin 24 God has fearfully and wonderfully made me and He 25 with, then we will be talking to the judge. Okay? knew me even before I was conceived, woven. And Page 134 Page 136 ATTORNEY HENNESSEY: Let's her bring for me, the vaccination required, just like it would have for infertility, artificial them back in. We'll have the court reporter read what I just said. I think that I laid it out insemination, IVF, the hormone injections, the things that you would have to go through, the pretty well, asking her to explain how it relates to COVID. And you think she already answered sperm and the egg outside of the body, which is that. I don't think she did. not natural to me, was not acceptable, according And I -- you know, and she said she to my strong belief on this. didn't need a break. So I want to bring her back I will give you some background that in. before I got married the OB/GYN I attended, went 10 to, had the recommendation that you know, let's do ATTORNEY DALLER: Okay. 11 ATTORNEY HENNESSEY: I want to have the 11 birth control. You don't want to have your period 12 on your honeymoon. Let's do that. court reporter read it to her. 13 13 ATTORNEY DALLER: Okay. And at the time I followed the advice 14 14 ATTORNEY HENNESSEY: And she has had a of the doctor. And we went on our honeymoon. I 15 15 moment, you know, now to kind of collect herself was on birth control. And after about a month, 16 16 and go to the bathroom. maybe two months, my husband came to me and I went 17 ATTORNEY DALLER: Mm-hmm. I'll go get 17 to him, and at the same time we said we can't do 18 this. We are altering the natural parts of our 18 her. All right. I'll be right back. 19 19 ATTORNEY HENNESSEY: Thank you. body that God has given us for conception and for 20 20 genetics and everything. So we stopped birth (Short pause.) 21 21 ATTORNEY DALLER: She's back, Brendan. control. 22 22 ATTORNEY HENNESSEY: Let's go back on Obviously we didn't need it. We still 23 the record. Well, we've been on the record. don't have any children. And I laugh out of pain. 24 24 ATTORNEY HENNESSEY: The --We're back in.

And before we were interrupted I had a

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THE DEPONENT: The next thing that came

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Page 139

Page 137 along was when I went to the next OB after I was married. His recommendation was ahhh, you're healthy, you're going to be able to have kids. Let's try Clomid. I did one round. I had a

I had never, never felt so filthy in my life by altering what my body was, as given to me by my God.

horrible cyst. I had a horrible experience.

ATTORNEY HENNESSEY: Did you --THE DEPONENT: So when the infertility came up -- I'm trying to answer your question and it's a whole answer.

ATTORNEY HENNESSEY: Go ahead.

THE DEPONENT: When infertility came up, it was a no-brainer. My husband and I always joke about hey, we need direction; should we buy the house here, should we buy the house here, where's the neon sign, we want clear answers from our Lord that we seek and honor.

When it came to infertility, it was a clear answer. We were not going to take those steps that did not let -- and I say that in here. I believe I say -- I'm looking for it. That it would happen naturally if it was going to happen.

The same thing applies to my immune

Page 138 system. I am not going to use a means to alter the immune system that God has given me. And to me and my walk with my Lord, taking this vaccine did that. Because it was making my -- and even the CDC changed its definition of what a vaccine was. Clearly, it was different.

I'm not -- I don't -- I am not an expert in this. I am not an expert in this at all. But I can only stand on my belief system, the steps I have lived and the direction I have taken.

Obviously, beneath all of this was the whole abortion issue. And that is -- well, because if you have gone through any of this and you know anybody that has gone through this, and especially when I went through this many years ago, they disposed of the egg and the sperm that formed and created a body. Because to me, that is creating a new life. And that was done in a Petri dish. Not acceptable to me.

ATTORNEY HENNESSEY: I'm -- you know, I am not --

23 THE DEPONENT: So if abortion isn't 24 acceptable to me, this is --

BY ATTORNEY HENNESSEY:

Q. We're going to cover some of these topics. Now, I will ask you this. You mentioned abortion. You didn't mention abortion in this exemption application.

A. Not on that question I did not, but it is certainly mentioned later.

Q. It's not.

A. In my appeal letter.

10 Q. Okay. It is not mentioned anywhere before the appeal. And we'll get to that. But I have a big -- you know, you said a lot. I have a 13 lot of follow-up questions in relation to what you said because I'm trying to make sense of it.

One of the things you said is that you 16 did not want to do something that would alter your immune system. You would agree with me that there are lots of things in this world that alter an immune response. Correct? 20

A. Alter is probably not the correct word. I probably should not have used alter. But interact with. Change is probably better. I mean, every time I'm exposed to something, I'm building my immune system through a natural process; every time I play in the dirt, every time

Page 140

I get a cold. That is a natural process that happens.

Q. You also testified earlier that you take supplements. Supplements change how your immune system reacts to the world. Correct?

A. That is -- you know, I take them to improve my health and to be more healthy. I do take supplements. If you --

Q. Have you ever taken --

A. Your interpretation of that might be different than mine.

Q. Have you ever taken antibiotics?

A. Very, very, very rarely.

Q. In relation to supplements, what supplements do you take?

A. A multivitamin and a --

Q. And you -- go ahead.

A. I do take a vitamin C, and I do take a calcium pill, because I do not really eat cheese or milk or yogurt or anything like that.

Q. Any probiotic?

A. No.

Q. Any prebiotic?

24 A. No.

Q. In relation to genetic components, you

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Page 141 mentioned that. And at the bottom there it says, "I'm not comfortable having genetic components that my body did not create injected into my body."

What genetic components would have been injected in your body from one of the three COVID vaccinations?

- A. MRNA is a genetic component. It is a part of DNA that is a genetic component.
- Q. Right. But you would agree with me that it does not affect your genes at all.

Correct?

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- A. I don't know that.
- Q. Well, in order to affect your genes, it would have to enter the nucleus. Correct?
 - A. I don't know that.
- 17 Q. You don't know that or you don't 18 believe that?
 - A. I don't know that this vaccine -- I don't know if that is true about this, the components of the -- the genetic components of this.
- 23 Q. Do you know whether the mR -- or RNA 24 can enter a person's nucleus?
 - A. Are you asking me in relation to --

Q. Or cellular nucleus.

A. -- to the vaccine or are you asking in relation to the normal body processes. Your mRNA

Q. I'm asking you in relation to the COVID-19 vaccines as they were developed at the time.

- A. You're asking me if the COVID vaccine mRNA interacted with my body?
- 10 Q. Well, no, I didn't. Because you know, 11 the reason -- well, tell me this.

Why did you object to it being -having genetic components?

A. Because my body did not create those genetic components. I am -- to quote Psalms 139, "I am created in Him. My frame was hidden. I was woven together." To me, that speaks -- for me, that is genetics. To me, that is my interpretation in what God has revealed to me in

19 my walk with Him. That is what that means. 21

- Q. Do you eat vegetables?
- A. Yeah.
- 23 Q. Do you eat corn?
- 24 A. Yes.
- 25 Q. Corn has foreign genes that you're

Page 143 putting in your body. Correct? Are you aware of 2 that?

- A. I guess not. I consider fruit and vegetables the bounty of God's creation, and it's food to consume.
 - Q. Do you know how they're grown today?
- A. I know -- I have not eaten corn since my uncle did not grow the corn on his farm.
 - Q. Do you eat broccoli?
 - A. No.
- Q. Do you eat any other veg -- what other 12 vegetables do you eat?
- 13 A. I'm not sure. I'm not trying to be difficult here, but I don't understand how my diet relates to the genetic components of my body in 16 terms of a vaccination. It's a completely different -- for me, to use your words --
 - Q. I'm trying --
 - A. Can I finish?
 - Q. Yeah, go ahead.
 - A. We're talking apples and oranges here for me.
 - Q. I'm trying to explore that because lots of things have genetic components; lots of medicines, lots of the vegetables, lots of

Page 144 different things have genetic components. So I'm wondering what it is.

And you mentioned yourself that you may be exposed to viruses in the world that have genetic components obviously.

- A. I think I said that I'm exposed to viruses in the world, and my immune system that God created reacts to them and goes -- and develops and goes from there. That is what I --
- Q. Sure. But there is nothing in this verse that says that you can't take medicine, you can't take things that would help prevent disease.

Correct?

- A. There's nothing in this earth that prevents --
- Q. I said verse, not earth. Nothing in 17 the Psalm --
 - A. Oh.
- 19 Q. -- 139 verse that says that you 20 shouldn't take medicine or things that may -- that 21 may affect how you react to diseases.
 - A. So the other verse that I used in my exemption -- and you know, from your interpretation and I'm not going to judge your interpretation, I did speak about my body being a

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temple of the Holy Spirit and that He lives inside of me and that I am to be worshipful.

So I did not put that in my question one. But it was in my -- it is also in my basis of the foundation of my beliefs. That's where I was saying with the critical thinking. I have foundational things in here that I did not put out every single step.

And do I regret that today? Absolutely.

- Q. Well, I saw that.
- A. Can I change that today? No. Do I -- does it change what I believe? No.
- Q. Well, I saw the other verse that you put in there, as well. That was Corinthians 6:19-20. Do you know what the context was for that quote about the body being a temple? Do you know who it was who was talking there and what he was saying?
- A. I do. I can tell you that right now I absolutely cannot recall it. It's like I would love to pull out my phone and look at it and I could answer your question, because I have a version of the Bible on my phone. But I cannot answer that question.

Q. Okay. If we turn to it here, it says -- this is the verse that you quoted, "Do you not know that your bodies are temples of Holy Spirit, who is in you, whom you have received from God? You are not your own. You were bought at a price. Therefore, honor God with your bodies."

Do you know what the context was for your statement?

- A. I believe you asked that, and I believe I answered it. I cannot recall right now. I did know it at the time. I do not know it right now. It's up there. I will gladly look and answer your question, if you would like.
- Q. I understand. So my understanding is Paul was speaking to the Corinthians at the time. And the context was in relation to fornication, specifically homosexual fornication.

Does that refresh your recollection?

Do you know -- does that ring a bell in your head at all?

- A. I would need to read it to really answer that, to be honest with that question. And I would need to read the chapter.
 - Q. Do you have a belief that homosexuality is wrong?

A. I believe that God created us male and female.

Q. In relation to -- I mean, speaking of Bible quotes, and I was born and raised a Christian; you know, my understanding is in relation to Christians, it's not as important as what we put into our bodies as what we put out.

Have you ever heard that before?

- A. That is a scripture verse.
- Q. Yeah. In Matthew 15:11, Jesus said, "It is not what goes into the mouths that defiles a person but what comes out of the mouth."

Do you know what he's talking about there?

A. If -- I'm a little better with that one because my level of whatever-you-want-to-call-it is decreasing. Is that one about the showbread or is that one about the bread offered to sacrifices?

What is that?

Q. Well, he goes on to talk about that -you know, that the concern is what comes out of the heart, which is -- I think the quote is evil thoughts, murder, adultery, sexual immorality; those are what defile a person.

It's not what we put into us that

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counts. It's our intentions that are most important. Do you have an understanding of that?

- A. According to that verse, I absolutely understand that. And I do try to abide by that, as well. I'm not saying that that is the only verse in the Bible that I follow and it negates every other verse or every other belief that I have in my walk with my faith and my God. I don't. I don't pick out single verses. That's not the way I do my walk.
- Q. I understand that. I'm just -- I'm questioning your -- how the interpretation of one verse that the context was sexual fornication, how that relates to a vaccine and something that you put in your body. And there are other verses that speak to medication and what you put in your body, not being --
- A. I don't think that verse -- I don't think that verse that you just quoted says medication.
 - Q. Right. It doesn't say medication.
 - A. You're making --
 - Q. Neither do any of these verses. Right?
 - A. I think you're making --
 - O. I mean, we're not --

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A. I think you are making an inference. And what I'm telling you is that I am making an inference in mine. And I don't understand how you can make an inference in yours and I can't make an inference in mine. I just don't --

O. What did --

A. I understand what you're saying -please let me finish.

I understand what you're saying, and I understand you don't understand how I get from point A to point B. I understand how I get from point A to point B, and I live that life.

So I am not -- the Bible also says judge not. The Bible says for me not to judge me. You're not supposed to judge me. So I'm not going to go there with that.

I'm telling you that this was the basis of my sincerely-held religious beliefs. And I have lived my life with this religious belief, and I have the examples to prove it.

Q. Yeah. I'm trying to break that apart. I'm not trying to judge you. I'm trying to understand what you're talking about. Because I mean, there isn't any reference to medications, vaccinations or even what you put in your body

Page 150 necessarily in relation to anything that you've cited here.

And I'm trying to get a better understanding of that. And you've mentioned genetic components, and I'm trying to figure out why -- you know, what it is about the vaccines that gave rise to an objection in relation to genetic components.

And my understanding is other than your knowledge of RNA being in the messenger RNA vaccines, are you aware of any other genetic components that might be in the vaccines?

A. I don't know that we know all that. But I know that what -- the information that's available.

O. Okay.

A. I know the information that is available. Can you just give me a second? I had a thought, and I just want to see if I can pull it back before we speak again.

Q. Sure.

22 A. I understand that you don't understand how this relates to my religious beliefs. There are many people, including some -- you know, we had that unemployment hearing. And other people. ¹ they have stated for record that I have a ² sincerely-held religious belief.

When I met with Sarah and Bern, Sarah clearly said I have a genuine, and she said I understand where you're coming from. Other people do understand this connection of my mind and my body with this vaccination.

I am not going to be able, as a human, to make you understand that. That's my God's job not mine.

Q. You know, I would ask -- I understand 12 that you want to testify; you want to tell me what you want to tell me. But what you're telling me isn't answering the questions that I have. I have a limited amount of time. I want you to respond 16 to my questions. We'll talk about these other things.

But I'm asking a question, and I want you to limit your answer in relation to what the -- you mentioned unemployment compensation. You're saying that the board of review ultimately approved of unemployment compensation, although the referee at the hearing did deny that you had a sincerely-held belief. Right?

A. Yeah. And he --

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ATTORNEY DALLER: Object to the form. ATTORNEY HENNESSEY: Isn't that correct, Referee MacMaster did not feel that there is a sincerely-held religious belief that prevented you from getting a vaccine?

Correct?

THE DEPONENT: It was not --ATTORNEY DALLER: Good job. Misstates the testimony in the transcript.

THE DEPONENT: That is not the interpretation. In fact, the representative from Main Line Health stipulated that I have a sincerely-held religious belief.

BY ATTORNEY HENNESSEY:

Q. That's not accurate. I read the transcript. The representative of Main Line Health, through the Unemployment Office, did not stipulate to that.

All he stipulated to was that you provided testimony. That's all he stipulated to.

And I understand your attorney, you know, argued that and kept arguing that, but that's not what happened in the transcript. I have read the transcript.

And my question before was limited to

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Page 153 what the referee, Tiffany MacMaster, decided. The record reflects what it was.

But in relation to -- let's go back to your objections, which you say here you're, "not comfortable having genetic components that your body did not create."

I'm asking you what those genetic components are. You mentioned RNA. And I asked the question of are there any other genetic components that you researched that are in the vaccines. And I just -- you know, you decided not to get a vaccine on this basis. So I'm trying to get clarity as to what you meant there.

- A. For me, the mRNA basis of a vaccine was enough for me to have discernment, that it was not aligned with my religious beliefs. I can't give you any more of an answer than that.
- Q. Are you aware that the mRNA is not DNA and it would have to be essentially reverse transcribed into DNA with an enzyme that would allow that to happen in order for it to have any sort of affect on genes or DNA?

Do you have any knowledge in relation to that?

A. I know that studies are -- I'm going to

Page 154 speak to the present time. I know that studies are being done. To me, it was a religious conviction at the time. It still is. There are studies and things being done that are beginning to -- I'm not going to get into that discussion with you because it's not going to go where we need to go, and it's not going to address your question.

Q. Okay. Well, then --

A. To me, the genetic component is enough or the mRNA and the ability to revert -- to send a message that my body did not create the message, to send to create a protein that my body -- that it was injected into me that my body did not create, because that mRNA created that message.

That's my belief.

- Q. See, the message was in relation to the immune system and the creation of B cells. It had no impact on your genetic makeup. Or you didn't -- did you understand that it would have an impact on your genetic makeup at the time?
- A. I believe I spoke about genetic components. I believe I did not speak about genetic makeup. My belief was about the components. That's -- I cannot make that -- it is

Page 155 so crystal clear to me. I just don't know another way to make it more clear so that you can understand it.

- Q. Well, it's not clear to me because what you said was --
 - A. Obviously.
- Q. -- any genes in the mRNA vaccines are fragmented and already essentially destroyed by the composition with other chemicals in the vaccine, and those are essentially waste materials that your body takes care of. So it's not going to have any impact.

And I'm trying to get an understanding of what your understanding was at the time.

A. So let me try this. I remember during 16 this time I did go to the websites of Pfizer, Moderna, and I cannot remember if I went to J & J. I know I went to -- and they both said gene therapy. 20

So then I went to the CDC and I looked up the definition of gene therapy. And there is two parts to that definition; and they classify this themselves, as gene therapy, Pfizer and Moderna did, on their websites at the time.

I can't speak for what it is today. I

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know it said gene therapy. And gene therapy does have that piece in it. And I would need to pull up the definition and the two parts to give it to you.

But when I read that, it was a no -- as I say in my words, it was a no-brainer from that point forward. I could not do that.

Now, whether or not it's argued that it's gene therapy or not? I don't know. But at the time I wrote this, that is what I found on their websites and that is what I had discernment against and that is why I wrote what I wrote.

- Q. What does gene therapy mean to you?
- A. Gene therapy, to me, means using genes to interact and to get a response or do -- you know, I would need to read you -- I just -- I do not want to misstate myself and then have it come back and say I don't understand what gene therapy is.
- Q. Okay. Let's move on. In relation to question number three, it states here, "Does your religious belief identified in question number one prevent you from receiving other vaccines or just the COVID-19 vaccine?"

And you said, "Some but not all

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vaccines." Correct?

A. Correct. And I wrote genetic component

vaccines above it.

Q. Okay. And you believe that the mRNA vaccines had genetic components in them?

A. I do.

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O. How about --

A. I still do.

Q. How about the J & J vaccine?

A. I believe there was an adenovector.

Used a different method but it still had mRNA.

There was an mRNA methodology. So to me, it was the same.

It was not a protein subunit. And I did know that about the science. And I did -- in my next question, which I'm sure we're going to get to, about the Novavax, I even mentioned that.

Q. Right. I saw that. You state --

A. At the time -- at the time I wrote this, that was my belief. My belief is now different. But we're talking about November 1st, 20 -- or September 10th, 2021.

Q. Well, let's talk about that. You said you had a belief in relation to Novavax. You'd done some initial research into the Novavax

COVID-19 vaccine, and if it is authorized, you

would consider this alternative.

The Novavax vaccine was authorized a year ago. Correct?

A. Okay. It might have received emergency-use authorization last summer.

Q. Okay. Did you get the Novavax vaccine?

A. I did not.

Q. Why not?

A. Because I have been working through this journey after this, and I have been reevaluating. And I feel that that is not -- just like I explained earlier about the flu vaccine, my body is pure and holy. And I am not there.

So between when I wrote this and the emergency use authorization came out, I began to start to feel that discernment.

And at this point, no.

Q. So is there anything particular about the Novavax vaccine, other than it's a vaccine, that causes you to object to the Novavax vaccine?

A. I think that it's the same as it will be for my flu vaccine this year when I need to submit my religious exemption.

In the absence -- you know, my body is

Page 157 pure and holy and God has made it. And you know,

² I'm not going to inject something into my body in the absence of disease at this point forward or from that point forward or, you know, during this

transition of where I'm landing. It's just -that's where I'm at.

Q. And that's your belief. That's not necessarily your religious organization's belief.

Correct?

A. My religious organization does not -the constitution, and I believe I submitted that,
does not mention vaccines at all. It does mention
abortion.

Q. Right. And I --

A. And I knew that. And that's one of the reasons I had my pastor submit it, because he knew, and we discussed that when I talked with him about it.

Q. Did Calvary Bible Church at the time -- and we're talking about Calvary Bible Church, because I understand that was the church that you belonged to at the time.

They didn't prohibit COVID vaccines to their parishioners and or that it was against the religious rules to obtain a COVID vaccine.

Is that correct?

A. My church -- my belief follows the Bible. And my church does not -- does not address vaccines. Did not address vaccines.

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Q. They did. I think I saw something written where they said that they would not consider it a sin to get the COVID-19 vaccine.

Did you believe --

A. I don't believe that that was Calvary Bible Church.

Q. Is Calvary -- that goes -- CBC is short for Calvary Bible Church. Correct?

A. Correct.

Q. I believe that that's what they said, that they did not consider it a sin. In fact --

A. No. I believe that you're not quoting Calvary Bible Church and Harry Fletcher. I believe that you have moved into the merger situation and the constitution of the new church. That was not applicable in November 1st of '21.

Q. So the New Church that you belong to has said that, that it's not a sin to get a COVID-19 vaccination?

A. I would have to look at their constitution. Again, I do not believe that it is

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Page 161 mentioned. I believe that the way Ben Thompson referred to that is that the church is not going to take a stance on whether or not it is a sin to take the COVID vaccination.

I believe that you are misinterpreting and --

Q. Well, let me be clear. And I think there's some testimony on this already.

But the CBC, or your religious organization, does not require you to not get a COVID-19 vaccine. Correct?

- A. It seemed like that was a double negative. The CBC at November 21st, 2021 did not require me to get a vaccination.
- Q. Right. There was no prohibition of CBC members in relation to getting a vaccine?
- A. It was never discussed at my church in any sermon, group, meeting or anything like that. It was never said from the pulpit.
- Q. Many CBC members have gotten the COVID-19 vaccine. You would agree with that. Right?
- 23 A. I would guess. I know many people that have gotten it. I do not ask people -- it is not -- I don't know. I'm sure they have.

Page 162 Q. And you previously testified at the unemployment compensation hearing, I think the referee asked you this directly, did your religion -- are vaccines prohibited as a part of your religion. Do you recall --

A. And they are not.

- Q. They are not. Okay. And you said as to the body of the religion, no. Is that accurate?
 - A. Correct. I just said that.
- Q. Okay. Let's talk -- so my understanding from what you have discussed that this is an individual decision of your conscience. Is that accurate?
- A. It is not a decision of my conscience. It is a decision based on my religious beliefs and that I have used the Holy Spirit to help me discern and to make decisions and to guide and direct me. So for me it is a religious belief.

You are trying to tell me that it is not. I am going to stress that it is my religious belief because it is my religious belief.

O. Let's go through what your pastor said at the time. And this is after having - as you've testified, you discussed this with him prior to

Page 163 1 him filling out a religious exemption, religious ² origination statement form. And this is the printed portion of it.

Is this, what I have in front of me, is, and the Bates label on this is MLH Gray 00441; is this a copy of what your pastor at the time submitted as a part of your exemption application request?

A. It appears to be that, yes.

10 Q. And it says there that you were a member of the Calvary Bible Church of Phoenixville. He goes on to say, "As explained to me she is not opposed to vaccinations in general, but her understanding of the composition and performance of the COVID-19 vaccines do not align 16 with her personal conviction."

Do you see that?

A. I do.

Q. And that's correct so far. It's true that --

A. That is -- that is what he wrote.

Q. Do you -- is there anything that you disagree with what he wrote there?

A. I did not put words in his mouth. At the time I was not opposed to vaccination in

Page 164

general. That is a true statement. How he worded my understanding, I'm not going to speak to that. Because that's his understanding. I don't know what he heard. I don't know --

Yes, I see what he wrote. I can tell that that is what he wrote. I will agree with that.

Q. Did you talk to him? Do you recall talking to him about the composition and performance of the COVID-19 vaccines?

A. I do not recollect. It was a conversation that might have been -- you know, it was not a very -- it was not even a long conversation. Define long. It was definitely less than an hour. I do not recollect that.

Q. Okay. And he goes on to say --

A. I told him I was not going to -- I was not going to change. Whatever he wrote was what I was going to go with.

Q. Okay. And he completed that by saying, "Confident that God has determined the precise physiological makeup of each individual person, she believes that the functions of the present COVID-19 vaccine would alter the specific genetic makeup of her body."

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Do you see that there?

- A. I do.
- Q. Do you know where he got that from?
- A. We talked -- I do remember. I do have a recollection we spoke about infertility. He did not realize what Ron and I had been through with that.
- Q. Okay. But my question was in relation to what I just read.
- A. I cannot tell you where he got that line, the determination of. It is not a direct quote of me. He was not writing down what I said. That is subject to his interpretation.
- Q. Okay. So that was his interpretation at the time following his discussion with you in August of 2021, because that's when he filled it out. Correct?
- A. That is how he communicated his interpretation, that is correct.
- Q. And nowhere in here -- and you've mentioned fetal cells before. Nowhere in this exemption application did you mention fetal cells.

Is that correct?

A. I would need -- I would need to review the -- sorry. You're going up and down so fast. Page 166

Q. Okay.

A. I'm straining my eyes because -- if you could find the section about the abortion that I speak, I would need to verify that part. There it is. Thank you.

Can you scroll up a little bit more please -- or down? Down, up, whatever. I do mention abortion. I did not mention fetal cells.

- Q. Where do you mention abortion? Oh. With the Plan B. I see that.
- A. Page four, question five. I can read it to you if you'd like.
- Q. Where you say, "Switched assignments with colleagues to allow for them to care for those after an abortion or for those patients who are asking for Plan B." I see that.

You didn't mention about fetal cells or the cellular makeup of the COVID-19 vaccines in relation to fetal cells. Correct?

- A. In this, that is accurate. I did in my
- 22 Q. Okay. Did you learn about the fetal cells after you submitted this initial application?
 - A. Absolutely not. I knew it all along.

Q. So why didn't you put it in there?

A. That's a great question. I felt that my argument and the strength of my belief system was best communicated in the way that I communicated it. Because that, to me, was stronger because of the processes that are involved in infertility. And it spoke more to that.

And abortion and cells, not necessarily aborted fetal cells. But what you do and cells -you know, the ovum and the sperm dying is, to me, an abortion. So to me, it was foundational.

- Q. When did you learn about the fetal cell issue?
- A. I believe I knew pretty early on about 16 that. I'm not going to be able to recollect the exact time, but it was before I ever sat down to write this exemption.
- Q. And when I'm talking about the fetal cell issue, why don't you explain it in your own words, what is it about the vaccines that would 22 involve fetal cells, to your knowledge?
 - A. Sorry. I missed the end of that. Can you repeat it?

ATTORNEY HENNESSEY: Can the court

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reporter repeat it?

THE COURT REPORTER: Sure.

(The record was read by the court reporter, as requested.)

THE DEPONENT: So I know it was used in the development and the testing and the generation of it and abortion. That is a sin. It's against the Ten Commandments. In my words, in order to use that, you are, for lack of a better word right now, propagating an evil indirectly and further -much further down the line.

But I am not going to engage in that willingly and knowingly. So for me, it was not the primary reason, but I was well aware that I also had a religious objection to that, as well. BY ATTORNEY HENNESSEY:

- Q. Let me ask you about that, because you -- there are a number of things that I want to break down. What was involved in the development of the COVID-19 vaccines? When you say it, I want you to define --
- A. Abortion, the use of aborted fetal cells.
 - Q. What did ---
 - A. -- and the development and testing.

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Q. Hold it. That they used fetal cell tissue in this development of the vaccine?

- A. Aborted -- aborted fetal cell tissue.
- O. What tissue was that?
- A. I said aborted fetal cell.
- O. Where did that tissue come from?
- A. Where did the?
- Q. Where did the tissue come from?
- A. I don't know. I didn't -- you know, I didn't do a thorough investigation of that. It was not germane to my beliefs. I mean, it was there. And it is there. But I did not -- I don't know.
- Q. Okay. Do you know what cell lines were used in the development of which vaccines?
- A. I did at one point. I do not recollect it now.
- Q. If I were to say the HEK 293 cell line, do you know what that is?
 - A. I -- I'm not sure.
- Q. Okay. And I should say H-E-K 293.
- 22 Okay. You don't know where that cell line came from?
- 24 A. I'm not -- I do not -- I do not. I'm 25 not sure. I do not recollect.
 - Q. Do you know what a cell line is?
 - A. I do have a sense of it. Do I know it in the scientific, down to the nitty-gritty? I do
 - Q. What is your sense of it?
 - A. My sense is whether they are using, whether it's the tissue or the cells or pieces of it in order to -- you know, it's done on a very microscopic level. They're using that in the ways they're using it. I'm not going to say they deliberately, because I'm not going to speak to something that I'm not well aware of and versed in right now.
 - Q. Okay. So if you researched it, you don't remember sitting here today.

Do you know whether or not you did any in-depth research into it at the time?

- A. I know that I did some. I just -- I'm not -- I'm not -- I do not recollect what details. I do not.
- Q. And that wasn't your primary concern from what you've articulated, and that's not what you put in the exemption form. The --
- A. It was foundational to my concern because, you know, it's all about human life, and

Page 171 sanctity of human life for me is just precious.

- Q. What do you mean by that? It was foundational to your concern, but you didn't put it in the initial exemption application? I'm trying to understand that.
- A. Yeah, all kind of core beliefs. The Ten Commandments. Do not kill. You know, abortion. You know, all of those things are foundational. And they're in there. And I believe they're part of my belief system, so to say. 12
 - Q. Well, how --
 - A. I did not clearly -- I did not delineate or expand upon any of them in this religious exemption.
 - Q. Okay. And how would this be killing if you were to take a vaccine that --
- A. I think I already -- I already spoke to that. That if it's used, it's evil. You know, I know it's evil. I know it has a basis. If I know that, I am not going to dishonor my God and my body and the sanctity of human life and continue to support. And that's not the best word, but that's the word that's coming to the top of my 25 head right now.

Page 172

- Q. In relation to the cell lines that were used, do you know if it came from an aborted fetus or a miscarriage?
 - A. I do not.
- Q. Would that matter to you whether it was an elective abortion or spontaneous?
- A. I would have to prayerfully consider that. I would have to have discernment and I would have to pray about that.
- Q. Are you aware that many pro-life organizations have looked into this issue pretty closely?
 - A. No.
- Q. Do you know what the Pontifical Academy for Life is?
 - A. Do I know what the Academy for Life is?
- Q. The Pontifical Academy for Life, are you familiar with that --
 - A. I have never --
 - Q. -- organization?
 - A. I have never heard of it.
- 22 Q. Okay. It's a pro-life organization, and it took a very nuanced look at the use of these cell lines and whether it would be any sort of cooperation with evil and determined that it's

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Page 173 so remote that it really is not an issue in relation to taking a vaccine that would be preventive potentially for saving human life in the present day.

Did you read that anywhere? Had anybody looked at that and examined in it relation to other values?

- A. I've never heard of what you're speaking about. So, if that's what they have concluded, then that is their -- you know, I would need to check their sources. And if I wanted to, I would want need to do, you know, a search and all that about that. I do not know what you're referring to.
- Q. Well, when you make decisions, these personal decisions, do you consider what's good for others as well as what the common good is?
- A. I believe we have discussed that earlier. So I do not -- I look at my -- when I'm talking about things that are going into me personally and that are affecting me personally, whether in this case it is a vaccination for me, I'm going to not violate my religious belief and my -- what I stand on for that.

And if that comes at the cost, I am

willing to stand on that, that cost.

Q. The cost of, you know, potentially infecting others with COVID-19 when you're supposed to be serving them as --

- A. No, that is not what I've spoke.
- Q. Well, I'm asking you. What is the cost then?
- A. The cost for me is that I was standing on my beliefs and it cost me my job.
 - Q. Okay.
- A. I have -- if you can -- if there's a way you can show me or prove to me that I have infected somebody with COVID --
- Q. Well, there's the risk is what I'm talking about.
- A. I -- I can't speak to that. I wore the PPEs when required. I followed the rules. I still, to this day, have not -- you know, even when I've been around my other people that are not vaccinated or vaccinated, they haven't said oh, you gave me COVID. So I can't speak to that.
 - Q. Did you get COVID at all?
- 23 A. I have got COVID. I tested positive during a weekly testing.
 - Q. When did you test positive?

Page 175 A. I believe -- I know it was August of '22. I do not believe -- I do not remember the exact date.

Q. All right. Did you have symptoms when you tested positive?

A. The only -- I was surprised but not surprised. I was extremely tired. I had woken up and I'm like -- the day -- actually, the day before I had woken up and I'm like wow. And I got up, walked the dog and I took a nap. And I don't 11 do that.

So -- but I had no other symptoms other than the fatigue, extreme. I knew that fatigue potentially was a symptom. When I woke up the next day or two days later when I went in for my shift, I felt that I was on the other side of it or I was not -- you know, I didn't have that. And I tested positive.

Q. Did you take time off work in relation to it?

21 A. At that time the CDC recommendation was 22 that I took five days from the onset of -- I believe. It gets very confusing because it 24 changed so much. I believe it was five days from the onset of symptoms. If I remember right, I got

out -- I missed one day of work, the day I called.

- Q. Did your husband become infected with COVID-19?
 - A. At that -- no.
- O. Had he ever been infected with COVID-19?
- A. He thinks he got it before it was COVID-19. He thinks he had it the winter before. But I don't know.
- Q. He never tested positive, as far as you 11 know?
 - A. He has not tested positive.
 - Q. Did -- and I shouldn't assume, but I assume that he was the only one that you were living with at the time?
 - A. Just him and our dog.
 - Q. All right. Did anybody else in your family get COVID-19 that you interact with?
 - A. None of my family lives local. So the only time I see my family is if I make a trip to Virginia to see my family.

ATTORNEY HENNESSEY: Okay. It is 1:23 p.m. I am going to suggest that we take a break. It can be a short break or longer break. I should ask the court reporter because

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  she may want to get something to eat. We've been
                                                          interpretation.
  going for a long period of time. I'm open to a
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                                                                 I know that during the transcript there
  15, 20-minute break, if that's okay.
                                                          were some other things that I knew that I had read
        Does that sound okay, Lori?
                                                          something about that. So, you know, I don't have
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        THE COURT REPORTER: Yes, that's fine.
                                                          the paper out. I had put it away. That is how I
        ATTORNEY HENNESSEY: Okay. John, are
                                                          spent my break, after I went to the bathroom and
                                                          had a quick phone call with my husband.
  you okay with that?
        ATTORNEY DALLER: Yes. Do you have any
                                                              Q. No. And what I was referring to was
  anticipated time?
                                                          that she said that your sincerely-held religious
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        ATTORNEY HENNESSEY: Uh, I -- you know
                                                          belief, in her opinion, does not prevent you from
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                                                          getting the vaccine, and she found that you had
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         ATTORNEY DALLER: Or length of time or
                                                          violated the policy. I understand that the board
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  whatever.
                                                          ultimately reversed that.
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                                                                 But that's what I was referring to, is
         ATTORNEY HENNESSEY: I don't know. I
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                                                          that she determined that you were not a vaccine
  really don't. I don't think we'll be here all
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  afternoon, but I don't know for sure.
                                                          expert and that your objection to the vaccine did
         ATTORNEY DALLER: All right. Then a
                                                          not relate to any sincerely-held religious
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                                                          beliefs. That's what I read. But we can pull it
  15-minute break is fine.
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        ATTORNEY HENNESSEY: It's --
                                                          up and look at it later, if we decide to.
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         ATTORNEY DALLER: Or 20, whatever you
                                                                 Is there anything else that you would
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  want. It's, what, 1:24 now.
                                                          like to clarify or change?
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        ATTORNEY HENNESSEY: Yeah. We'll come
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                                                              A. No.
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  back at 1:45.
                                                              Q. Okay. In terms of -- we were talking
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                                                          about some of the research that you did at the
         ATTORNEY DALLER: Perfect.
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         ATTORNEY HENNESSEY: All right. Sounds
                                                          time that you made your exemption application.
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                                               Page 178
                                                                 Do you recall anything specific that
  good. Thank you.
         THE COURT REPORTER: Thank you.
                                                          you did at the time in terms of researching what
         ATTORNEY DALLER: Sounds good.
                                                          went into the vaccines and your objection to the
                                                          vaccines?
         (Whereupon, a recess was taken from
  1:24 to 1:45 p.m.)
                                                              A. I -- maybe I did speak to that about
  BY ATTORNEY HENNESSEY:
                                                          the gene therapy on the Pfizer and Moderna sites
                                                          and how that, for me, was where I was at. And I
      Q. So we left off, and we were talking
                                                          believe I did mention that in my exemption, as
  about the -- your COVID-19 exemption application
  and some of the research that you did.
                                                          well. Or maybe that was in one of my appeals. It
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         Before I get into it, though, and we've
                                                          might have been in my appeal letter that I put
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  had a 20-minute break, is there anything that you
                                                          that.
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  would like to change in relation to your prior
                                                                 So you know, that is the research I
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  testimony?
                                                          did. I spent more time in prayer reading the
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                                                          Bible and seeking His will than I did going to
      A. No, there's nothing that I would like
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  to change. But as soon as we hung up, I dug out
                                                          verify facts and documents and spend all my time
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  the record of the 7/2 ruling from Tiffany
                                                          doing that.
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  MacMasters. And in her statement she does say
                                                              Q. You said gene therapy and you saw that
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  there is no claim against sincere relig -- yeah,
                                                          on their sites. Do you recall anything more
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  and I'm not going to word it right because I can't
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                                                          specific, like what the -- the context was for
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  read it. But basically she stated about my
                                                          that, what it said?
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  sincere religious belief.
                                                              A. Classification, gene therapy.
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         So the testimony and in the transcript,
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                                                              Q. That's it. So you don't recall reading
  it's not there. But in her conclusion, there is a
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                                                          like what it meant or anything of that nature?
  statement that says that. So I did want to clear
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                                                              A. Not from there. I do remember going
  up that, because that's where I was getting my
                                                          and looking -- you know, I had experienced that
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previously, which I mentioned I believe in my appeal e-mail. I had once before run into some gene therapy, and I was not willing to --

Sorry. My watch just went crazy. I was not -- that is not -- that also violates my religious beliefs.

- Q. Did you go onto J & J's site and see if they said that -- if that site said the same thing in relation to the J & J?
- A. I really -- I really am not -- I am not recollecting what I did about J & J.
 - Q. Okay. You don't recall.

Now, it is a different -- do you know how long these vaccines were studied, like mRNA or the J & J Adenovirus vaccine, how long it had been studied? Was that a concern of yours at the time?

A. I'm not sure when you're saying a concern of mine. I think it was well known that they had no long-term testing and things like that. And it was a newer -- I don't know if the word I heard was technology or whatever. A newer method, a newer technology.

So obviously there is -- you know, it was a -- you just didn't have all that data. So I did know that. Again --

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Q. Do you know how long --

A. -- my -- again, it did not apply to my religious belief.

- Q. Do you know how long J & J had been researching its technology or method?
- A. I did at one time because I had a neighbor that worked for J & J and she said something, but I have absolutely no idea what it was.
- Q. I mean, if it was studied from, you know, the 1990s onward, would that ring a bell?
 - A. Not ringing a bell.
- Q. Okay. Or that it had been approved in relation to Ebola. Does that ring a bell?
- A. I remember things about Ebola, but I do not remember anything about J & J and a vaccine for Ebola at that time.
- Q. Okay. And you don't remember, you know, what went into the vaccine or doing any research into the J & J vaccine, sitting here today?
 - A. I don't -- I don't recollect.
- Q. And your recollection of your research into the mRNA vaccine is that you went on the websites of Pfizer, Moderna, and there was a

reference to gene therapy on their websites.

But you don't have a specific recollection of anything else beyond that?

- A. I read -- I read their websites about it. I just don't remember the details. I do remember the gene therapy piece because it resonated a chord with me. I definitely read it. I just don't remember.
- Q. And you don't remember exactly what that meant by gene therapy other than what you testified to? I think you already provided some testimony in relation to that.
- A. I did. And you know, like I said, I looked it up. I am just not able to recall that right now, the exact specifics and details.
- Q. Okay. And do you recall researching whether the vaccines were effective or not at the time?
- A. I think that we did speak to this already. And if I remember right, I think, you know, we were all trying to figure it out. I think I spoke to the fact that we did have people in the emergency room with COVID that had the vaccine.

And I don't -- I was not watching the

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news during these times. I kind of stopped watching the news in May of 2020.

- Q. Yeah. I know you spoke to your anecdotal experience. I'm asking whether you looked at the science, the research, the health authorities, the CDC, the State, what they said about it, or the actual clinical studies, what was reported in terms of the effectiveness of the vaccine.
- A. Well, I know -- at the time I know that they were 95 percent. You know, I remember that wording of things. I do know -- obviously since then, Freedom of Information and more things about the studies have come out and things. And I have read them.

So, you know, it muddied the waters here. But I know what they were saying and I know -- I know that.

- Q. When you say 95 percent, that was the 95 percent to prevent severe hospitalization or death. Do you recall that that's --
- A. I'm not going to recollect the details of that, no. That was a number you heard a lot.
- Q. Okay. All right. And you don't recall what it was in relation to, either prevent

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infections or severe hospitalizations or death. 2

All right.

A. No.

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Q. And you've mentioned that you've done some further research since that time. What do you recall of that further research that you've done?

A. I just read some of the actual documents from the Freedom of Information about the actual studies that were done by Pfizer and things. And I have not read them in detail, but I have read some of them. And you know, just seeing what their numbers said and the dropout numbers and things like that.

You know, I've looked into that a little bit at this point now, more recently.

Q. Why did you do that?

A. Because I was curious. In my clinical practice, right now we are -- when we were seeing some cases a couple months ago, the only cases that we were seeing were people that were vaccinated. I just was curious whether they were boosted twice, three, four, whatever the deal was.

When that Freedom of Information Act information was released, I reviewed it just to

Page 186 see what the initial studies showed. That's what I did. That's my research brain going into action.

Q. You don't recall any other details of that at this time, of that more recent research?

A. Specifically, no. Not off --

Q. Yes.

A. -- the top of my head. I just know that I have read some and looked into it.

Q. Okay. At some point you received -strike that. Hold up. I just want to pull up and show you a couple of documents.

A. Let me know when you have it. I'm looking away.

Q. You don't have to look away.

A. It drives my eyes batty so tell me when you're ready.

Q. I understand. I understand. (Whereupon, a three-page e-mail thread re: denial notice and exemption appeal was produced for identification as Gray Exhibit 5.)

23 BY ATTORNEY HENNESSEY:

Q. I'm showing you a document which has been premarked as Gray Exhibit 5. Well, why don't

Page 187 you describe what that document says for the ² record, what that document is, if you recognize it.

4 A. I do recognize it. So when I received the e-mail about the denial of my religious exemption, it said I had five days to appeal it. And my conclusion --

Q. Go ahead.

A. I'm sorry. It was just moving again.

Q. I'll stop. Go ahead.

A. Thank you. My conclusion was that if 12 it was an appeal, it was another chance to explain and further explain what they didn't -- you know, it led itself to believe that an appeal committee would take into consideration additional information. So I attached what I felt was additional information to this.

And then I actually also did that -- my supervisor had said are you writing anything. I said yes, I am. So you know, and he said that's good. And that's kind of, you know, what I did. And he wanted to know when I submitted my appeal so him and Sarah were aware of when I submitted my appeal.

Q. And I should start with the bottom of

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the page. It says that what I have at the bottom of Gray Exhibit 5 dated September 23rd, 2021, that was the initial denial of your religious exemption request by the COVID-19 Religious Exemption Committee.

Are you aware of what the committee considered in terms of reviewing your request for an exemption?

A. You mean if they followed guidelines or rules or anything?

Q. Well, do you know what was discussed by the committee members?

A. Oh, absolutely not. That was all kept under lock and -- you know, you couldn't even -it was nope, you can't know. You don't know. You're not going to know. You'll get a decision.

Q. Okay. So you don't know what the -- do you know who the committee members were in relation to your vaccine request?

A. At this point, no.

Q. Okay. And you don't know what they discussed at the time or, you know, if they had a meeting or what they discussed at that meeting.

Correct?

A. Correct. But in the discovery

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Page 189 documents, I now see their two-page paper with very informal guidelines.

- Q. So you've seen some informal guidelines. But you don't know what specific facts were discussed at the time?
- A. In discovery those documents were not --
- Q. And you don't know whether there were documents or whether it was a verbal meeting, do vou?
 - A. I do not.

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Q. You've said -- this is your appeal, which the decision was made on September 23rd of 2021 and your appeal was within five days of that, on September 27th of 2021.

Do you believe that you provided everything that you would want to provide for the committee in relation to your exemption form and your appeal?

And when I say to the committee, there are two different committees; there's the Religious Exemption Committee and then the Appeal Committee.

Did you feel like you provided -- you had a chance to submit everything that you wanted Page 190

to submit?

A. I don't know because I -- we didn't know anything. It was a shot in the dark. I know a colleague -- I heard a colleague somewhere along the line say that they didn't -- they just put an appeal in and didn't put anything. So there was absolutely no -- anything.

So I just felt like should write something, because I felt like an appeal meant I had -- it was a chance for me -- I thought that they would be more, as their branding is at that time, be human, and I thought that there would be a little more human interaction or something. But it was just a form letter.

So I just kind of tried to explain a little bit more of the foundations, even though it was not my intent to go over every single thing. And I'm sure I left out a lot that I could have addressed.

It was -- like I said, it was more of a shot in the dark and I wanted just to have a voice. And I'm not sure they read it.

Q. Do you know -- okay. So you don't know what the Appeal Committee considered or whether they considered it freshly or if they reviewed it

Page 191 ¹ for any sort of error by the original reviewing committee?

- A. I don't -- I don't know if they even read my e-mail.
- Q. In terms of the -- after that -- let me iust see here.

Following that, you received a denial by the committee. Before I -- you sent a copy of your exemption form to Sarah Heilman and, it looks like, William Belmonte.

Why did you send a copy to them?

- A. You mean when I first submitted my --
- Q. Yeah.
- A. I just felt like they should have it. It was my immediate supervisor and it was my HR representative at Paoli.
 - Q. Did you --
- 18 A. In my thoroughness, I just figured these are two people I'm going to include on this. You know, there was a thought in my mind if they say they didn't get it or something happened or whatever, somebody else would speak to the fact that I submitted it on 12:06 on September 11th, 24 2021.

Q. And so that was prophylactic, so to

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speak, that just in case somebody had --

- A. And I was perfectly fine with them reading my religious exemption. Nobody else read my religious exemption but me. Hopefully, they read it.
- Q. Did you have any understanding in whether they were involved in the decision-making process at any time?
- A. It was very clear that they were not in the COVID Vaccine Exemption Committee. It was like a secret society, is the way it was kind of referred to if you asked the question. That's the sense I got from it. That's my interpretation.
- Q. Do you know why it was considered by a separate committee and not by individuals who you may have known and interacted with on a daily basis?
- A. I'm sure that they were trying to seem what they thought would be -- you know, that was the process. I'm not going to -- I'm not going to criticize their process. That's the way they wanted to do it, and you weren't ever supposed to know who was on your committee that reviewed your exemption.

We see from discovery, I can find that

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out now. But I did not know at the time.

(Whereupon, a one-page appeal denial e-mail was produced for identification as Gray Exhibit 8.)

BY ATTORNEY HENNESSEY:

Q. I've put in front of you an exhibit which has been premarked as Gray Exhibit 8.

Do you recognize this document?

- A. That was when my appeal was denied.
- Q. Okay. did you have any understanding at the time whether the appeal was -- the denial of the appeal was the end of the process, or was there any indication ever given to you that --(breaking up...)

ATTORNEY DALLER: Brendan, you're breaking up. Your question is not understandable.

THE DEPONENT: Yeah, you're breaking up. I couldn't hear any of that.

ATTORNEY HENNESSEY: Okay. I can rephrase that.

THE DEPONENT: You're breaking up.

ATTORNEY HENNESSEY: Okay. Hang on one moment. (pause in proceedings.)

24 BY ATTORNEY HENNESSEY:

Q. All right. Can you hear me a little

bit better now?

A. I can hear you right now, yes.

Q. Okay. I may have to be careful when I share documents to take it down because I understand that that can interfere with the connection.

In terms of the -- were you ever told that there was any additional process beyond the policy which allowed for the submission of a form, decision by the initial Religious Exemption Committee and then an Appeals Committee; does anybody indicate at any time that there was anything beyond that?

A. I did -- in my documents that I produced, I did have an e-mail that says, you know, per Bill's -- I think it said Bill's recommendation that I reach out to you and meet with Sarah and Bern.

So on his recommendation I did that. We scheduled a meeting. And I believe I sent that e-mail on October 8th, and I believe that we had the meeting on the 12th.

23 (Whereupon, a four-page e-mail thread was produced for identification as Gray Number

Page 193 BY ATTORNEY HENNESSEY:

> Q. Is this a copy of that e-mail that I have in front of you? It's marked as Gray Exhibit 9 at the top of it.

A. Yes.

Q. Now, the way this was produced to me in discovery is it had a policy attached to it. Was that attachment in the original e-mail?

A. No. I took that to the meeting with Bern and Sarah.

11 Q. Okay. So that wasn't attached to the 12 actual e-mail at any time?

A. No. There is no attachment on that e-mail.

15 Q. Okay. And you said that you had a 16 meeting with -- when you say Bern, I assume you're referring to Bernadette Weis?

A. Yep, that's Bern. And Sarah.

Q. And Sarah Heilman. Yes, I understand. Tell me about what happened at that meeting.

A. So, we met and I just said to them I'm 22 coming to you to see -- two -- I said I was coming for a couple of reasons. The first was that according to that policy that I had in my hand, it said that, you know, if I felt that I was being

Page 196

discriminated against that I should meet with HR and communicate that and see if there's an accommodation that could be made.

And I also met -- the other part of the meeting with them was to discuss through if there could be any accommodations to be made. And you know, we talked about my thought process and religious beliefs and things from there -- I mean, that's what we did. We discussed that. And we had some back and forth.

And at the end of the meeting Sarah just said you know, Dawn, I feel like we should see if there is anything else where we can address this further with, you know, somebody else or higher men or something like that. I don't remember the exact words. And I said okay, I would really appreciate that. And I said when will I hear. She said you should know by the end of the day or tomorrow. And then I did -- I thanked her for that. She thought that my belief was genuine.

And then I met with. I received a phone call with Bern. We did a little bit of telephone tag. I think she called me and I wasn't home. I called her back. And then she called me

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back. And she just called and said that all decisions are final. Have a good day.

- Q. Now, didn't they make it clear to you at the meeting that they were not the ones that made the decision on this issue, correct, Bernadette and Sarah?
 - A. They did.

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- Q. And Sarah said that she would review it with somebody else at another time. Was that in
- A. I'm not sure what the question -- I'm not sure what the question is.
- 13 Q. You testified that Sarah told you that she would review it with somebody else and get 15 back to you?
 - A. Sarah said that she felt like that I had -- that my belief was genuine and that she wanted to see if there was any other consideration that could be made. I believe -- I can't -- I don't want to misspeak her. I don't want to misspeak Bern in the meeting.

But that was my take-home from that meeting. And that's when I said when will I hear. And she said she was going to take it to see if there was another administrative or something

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pathway. And that's when she said you'll hear either later today or tomorrow.

- Q. Did Sarah ever tell you that she had reviewed your exemption application form?
 - A. I don't recall.
- Q. Okay. You had some follow-up e-mails with Sarah after that. Correct?
 - A. Yes.
- Q. Do you recall what they were about, sitting here?
- A. I thanked her for her kindness and consideration. And I believe a lot of them were about paychecks, what's the process, how's it going to work on November 1st. I like to be prepared. Paycheck time. Is there a difference between resigning and being terminated.

I think -- you know, there was a couple back and forths there between Sarah and I.

19 Q. See if this -- sorry. That's not it. 20 We'll see if this -- give me a moment.

(Whereupon, a four-page e-mail thread with HR was produced for identification as Gray Exhibit 10.)

BY ATTORNEY HENNESSEY:

O. I have a document which has been marked

Page 199 ¹ Gray Exhibit 10 in front of you. And there ² appears to be an exchange -- and I'll stop scrolling for a minute -- of e-mails between you and Sarah.

These are over a period of time that stretches from -- we'll start at the top, October 14th, I believe, and I think it goes all the way to October 22nd.

Do you see those documents?

10 A. I was not looking at it when you were scan -- scrolling through them. Could you get rid of the X for me again, please, on the left?

- Q. Yep.
- A. Okay.
- Q. You had asked there on October 14th, "I 16 do have another question. Can you explain to me any difference between being terminated and resigning with regard to my basic time and pension?" Do you see that there?
 - A. I do.
 - Q. Why did you ask that question?
 - A. Because I knew that I was not going to get the vaccine before November 1st and I knew that once I was terminated, I would not have access and I wanted to have my questions answered.

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- Q. Okay.
- A. Question.
- Q. Was there a discussion about potentially resigning at some point?
 - A. With whom?
 - Q. With Sarah.
 - A. No.
 - Q. With anybody else?
- A. My husband and I maybe, probably. That's probably why I asked. I'm trying to recollect. It seemed like it was a question I needed to ask. I had a lot of basic time. I had 21 years in a pension.
 - Q. Okay.
- A. And to me, you make financial decisions, and I needed to have some answers. I didn't know. I didn't know the answers to those questions and I needed to know.
- 19 Q. On October 19th you had an e-mail here where you said, "Maybe the rumor mill" -- I think you meant to say "is flowing. But I would be remiss to not reach out once again. I hear on the street that people have been denied two times, 24 continue to submit until they are acknowledged and have different results. Can you tell me if I

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should continue to resubmit?"

Where did you hear that from, that people who had been denied two times continued to submit and have different results?

A. The rumor mill. Just different conversations and comments that were made. I do not recollect who they were. It was just hey -- comments were being made. There was talk out there.

I did not, on the units, during my -once I knew, I did not tell the staff. The staff,
some of them may have guessed. But I did not tell
the staff anything or speak to it until my last
safety huddle on my last shift.

- Q. And did Sarah -- do you recall how she responded? I mean, we can go to that, as to what there would be additional --
 - A. You have the e-mail there.
- Q. Okay. Right. It says here that those employees -- she does not know of any decision after the appeal process was final that was changed. Correct?
 - A. That is what she states.
- Q. And she didn't give you any indication that there might be a -- a different outcome.

Correct?

- A. In this e-mail? No.
- Q. And so she also said here that, "I'm always open to provide a listening ear and also answer any questions you might have. If you do come to a final decision to leave, it will be a sad day if that happens."

It seems to me like she was kind of rooting for you, in a way. Is that accurate?

- A. I would think that. I was pleasantly surprised in the discovery documents to see that when she forwarded my termination papers that she said please process, this is a sad one for me. That meant a lot.
- Q. And your interactions with Sarah Heilman and Bernadette Weis as well as Mr. Belmonte, they appeared to be genuinely concerned for you.

They didn't appear to be discriminatory or anything of that nature. Correct?

- A. I would need you to explain that further. I don't know what you're asking me.
- Q. Well, do you think that anybody you interacted with had any sort of negative animus towards you?

A. Can you describe negative animus?

- Q. Well, had they, you know, expressed to you that -- and I'm talking about the individuals that you had interactions with such as I'd mentioned, Bernadette Weis, Sarah Heilman, I believe your supervisor, that they expressed direct animus towards you, like that they expressed negativity towards you?
 - A. In relation to what?
 - Q. Your religious beliefs, your vaccine exemption request, anything of that nature.
 - A. No. Sarah and Bill were absolutely supportive. I would say that at times my relationship with Bern was torturous. Did she ever say anything? No.

I do very vividly remember -- and I did include this in an e-mail to Rays Koshy of PHRC that we turned over in discovery, that my last shift, there was a -- what was a very uncomfortable moment for me with her.

But I'm not going to say that she -- she never said a word. Nothing spoken.

I do see Sarah's statement that you didn't read in that e-mail, which says, "I do appreciate that you have been respectful and

professional throughout this very difficult situation, and it breaks my heart that you are continuing to be so troubled by this situation."

That was very nice of her.

- Q. Okay. So you didn't feel as if Sarah was trying to push you out or anything of that nature. Correct?
- A. No. I think Sarah really wanted me to stay.
- Q. Okay. In terms of -- it appears that you -- well, let me -- let's talk about that. You said you had an uncomfortable interaction with Bernadette. Tell me about that.
- A. It was uncomfortable for me. So as I said, my relationship with Bernadette was torturous at times. For the most part, you know, I strive to get along with everybody and show God's love. But you know, as with everybody, we have moments.

And on my last -- you know, I'd never had a lot of interaction with Bern when she was president -- vice-president of patient services. She would come down on the unit. She would talk to other staff. Never really sought me out. If I was in a group, we would -- you know, I'd be

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there. She never really made eye contact with me.

Now, there was a specific computer on
the unit on pod A that the coordinators would tend
to stand at because it was kind of where we did
our job. We did our throughput. We looked in the
waiting room. We looked at rooms. We took
ambulance calls. We moved. But that was kind of,
for me, where I went back to.

On my last day on November 1st, she just came up and I turned and all of the sudden she was just standing behind me. I had never had that. I kind of just kept doing my job, because I did perform my duties to the best of my ability until the last minute. And I finally turned to her, which felt like a lifetime but probably was only about 30 seconds, and I said can I help you with something. And she made a comment like no, no, no, I'm looking at the unit. Never, never in my years as a coordinator has that ever happened.

And then she proceeded, and I said yep, this is it, this is the day, like I do. She continued to stand for another period of time, enough that I then addressed her and said is there something I can help you with. She said no, and I walked away.

In my e-mail to Rays Koshy, I actually said I'm going to assume goodwill and maybe she was trying to say thank you. I try to think the best.

Q. Okay.

A. It was a very unnerving experience for

- Q. That was the uncomfortable interaction and that was your last day. So that's what you are referring to in relation to the uncomfortable interaction.
 - A. Right.
- Q. You said you had kind of a torturous relationship with her. What was torturous about your relationship with her prior to --

A. Just our communication wasn't always the best. Some of our discussions. You know, she's very fair in my evaluations. You know, my evals speak for themselves. I was a dedicated employee. I performed at a high level.

It was just always -- it was just kind of a feeling. Some other staff sometimes would be like yeah, she doesn't like you. Yep, you guys do not get along. And I'd be like you know I get along with everybody.

But those were just people's opinions and I did not put a lot of weight into them. But there was obviously something that other people also picked up on. So you know, one of those people was a coordinator for a time and was in the coordinator meetings when Bernadette was our manager. So she did see interactions and discussions. So you know, I'm pretty sure that's

where she got her conclusions. But I -- they're

her opinions. I can't speak to --

Q. Okay. In terms of kind of referring back to your communications with Sarah and you had asked if there was anything else that you could do, and she said that, you know, the process was final.

I understand that you did continue to try to seek an exemption. Is that accurate?

A. I sent one more letter, because from what I was led to believe in my meeting with Bern and Sarah was that it was just -- you know, there were evidently -- what we were told. Never saw this in writing.

But we were told that there were multiple groups of four that reviewed all of these exemptions. And for the appeal process, at that

meeting with Sarah and Bern, they said you know, another group of four will see that and review it, read your exemption and see if they come to the same conclusion.

And when I read the e-mail -- I'm not going to say I read the policy, because I honestly don't think I ever did.

But when I read the e-mail on the appeal process, and it stated that it would go to the director of, you know, this and that. That was not what I was led to believe in my meeting with Sarah and Bern, which is why I did send that final letter.

It was, maybe in hindsight, a misunderstanding on my part. And because it was very secretive, I don't -- you know, you just didn't who was what. And I was led to believe that it was just a completely similar group, different group of four. And it did not, to me, meet the listing of what was in that document. So I sent it to those people.

ATTORNEY HENNESSEY: Did the court reporter get all that? I know there was a little bit of interference on my end. Did you get that? THE COURT REPORTER: Yes, I did.

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ATTORNEY HENNESSEY: Okay.

(Whereupon, a three-page letter to VP Legal and VP HR was produced for identification as Gray Exhibit 11.)

BY ATTORNEY HENNESSEY:

Q. I'm going to show you another document that's been marked as Gray Exhibit 11, which you sent to Sarah. And you asked her to send it to the persons it was addressed to, which included the senior vice-president of human resources and senior vice-president of legal affairs, general counsel.

Do you see that there?

A. I do.

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Q. And she said, I think ultimately, that she would do so. I mean, down on this page. I hate to scroll so much for you.

But in terms of this letter, I just have a couple of questions on it. You state in there, in your third paragraph that, "MLH is bullying and trying to coerce me to change my religious beliefs by asking me to still consider being vaccinated."

Who were you referring to there?

Well, we got e-mails that spoke to you

Page 210 can to speak to an ambassador. If you haven't gotten it, you can speak to this person. You can speak to that person. I felt that it just was, at that point, to me, it felt like they were beating my dead horse.

I felt like I had already been -that's how I felt. It's a description of my feeling. And they just -- they said in those e-mails if you would still consider being vaccinated. You know, they wanted to make sure you knew the policy. They wanted to make sure you knew the consequences.

I felt that my religious belief was a true, sincerely-held religious belief and I have lived my whole life and have actions based on that. And I just felt that my voice was not being heard and that we were not following some of the core principles that Main Line has stood for.

- Q. Has anybody specifically --
- A. Delineated there.
- Q. You said that was kind of your sense of
- it. But was there anybody, any specific person
- like Sarah or, you know, anybody who kept asking
- you to get vaccinated that you're referring to, or is that just based upon your receipt of

Page 209

communications in general, as you said?

A. Yeah, you hear comments on the unit. I mean, you don't live in a bubble. You know, and walking around the unit there was a lot of talk about things. And you know, staff -- being staff, as they are, you know, I just don't understand why anybody just wouldn't get this. This is ridiculous. Just get the darn thing and be done with it.

You know, there was constant comments like that.

Q. Any comments by anybody, any supervisor, manager in relation to you? I understand that there may have been comments like that out there.

But was there anything that -- any specific comments by specific people to you in or in relation to you?

19 A. I'm thinking. Not that I'm recollecting at this time. I did -- maybe it was 21 just all the e-mails. Maybe it was just the 22 constant in your face. It was in every single daily review. It was in every single -- you know, it was a lot. The manager had to meet with me. ²⁵ It was <u>a lot.</u> Page 212

Q. Okay.

A. So I cannot recollect at this time if there was.

Q. Now, ultimately you had been told that if you declined to get the COVID-19 vaccination and didn't receive an exemption, and you did not, that you would be terminated.

And I understand that you were terminated on November 1st of 2021 as a result of the COVID-19 Vaccination Policy.

Is that accurate?

A. Yes.

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Q. Did you keep your pastor up-to-date in relation to what was happening and the potential termination?

 A. I believe that I've included -- I included those e-mails. Some of these e-mails my husband wrote because I was at work. So you know, you have that, what I communicated with Pastor Harry. He did -- his interim time was over. So he kind of left.

- Q. Do you recall telling him that you had decided to file a lawsuit at some point?
- A. Probably. I would imagine I did. He would, every Sunday after church that I was there,

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Page 213 come up and pray with me and we would talk.

- Q. When was it that you first decided to file a lawsuit?
- A. That I was going to file a case with the EEOC and the PHRC?
 - Q. Sure. That's clear. Yes.
- A. I knew when my appeal was denied that there was a very strong likelihood that I would be terminated. So I started making many phone calls, because it takes an extended period of time to get through.

And so in, I believe it was in the last week of October. That's my recollection. It's an approximate. I believe I finally got through and I made an appointment to speak with a PHRC representative on November 2nd. So I knew early. I knew that I was going to go to --

- Q. So you had arranged that meeting before your last day, with the PH --
- A. I had, knowing that I could cancel it if there was a reprieve or God chose to intervene.
- Q. There were, I understand, a number of individuals who were interacting about the exemption process and trying to obtain an exemption, many of whom met in-person in different

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locations.

Did you interact with any of those individuals? And we've talked about your meeting with Sara Slattery, you know, Cathy Lasure.

- A. Don't know her.
- Q. Don't know her. Were there any individuals that you interacted with other than Sara Slattery about a potential lawsuit or your experience with the COVID vaccine exemption process?
- A. No. As I said, I'm a private person. And I considered it a God incident that I even was able to even hook up indirectly with Sara to get Mr. Daller as a resource for me. No, I did not.
- Q. In relation to that hookup you referenced with Sara Slattery, I recall, and you can tell me if I'm wrong, that Sara Slattery gave you John Daller's information and suggested that you tell him that you have 14 days.

Do you know what that was a reference to, the 14 days?

A. Yes. That was -- I had 14 days to appeal the Main Line Health, whatever they denied the response. I was on a timeframe. That's when she sent in an e-mail Mr. Daller's information to

me, which I included.

Q. So this was in reference to unemployment compensation? I'm trying to -- let me see if I have that.

A. No, it's not with unemployment compensation, because I was granted unemployment compensation on December 1st. I was awarded unemployment. So it was not about unemployment compensation.

I believe it was on something to do with the PHRC. Because Rays Koshy had sent me an e-mail saying something about you have 14 days to appeal this decision or something, this something. I don't remember. I would need to look at the documents to know what.

But I knew that I had timeframe that I needed to work within. I had a deadline.

Q. All right. I'm just going to show you that document quickly. Hang on one moment. Let me make sure I have it up in the right place.

21 (Whereupon, three pages of Slattery e-mails were produced for identification, to be post-marked as Gray Exhibit 12.) 24 BY ATTORNEY HENNESSEY:

Q. I'm showing you a document which -- it

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doesn't look like it's premarked. I have it -- we will call it Gray Exhibit 12. And it's got a

Bates -- well, it doesn't have a Bates on it for some reason. It was produced by your counsel in Response to Request to Produce Number 28?

Does this reflect the e-mail that we were just talking about?

- A. Yes.
- Q. And it says, "Explain that you have 14 days. Talk with him first."
 - A. Yes.
- Q. Okay. All right. So that's what we were referring to. And you're not exactly sure what the 14 days meant?
- A. I know that I had the 14-day deadline with something with Rays Koshy, which obviously was PHRC related. And that's why -- you know, and I went from there.

(Whereupon, a ten-page First Amended Complaint was produced for identification as Gray Exhibit 14.)

BY ATTORNEY HENNESSEY:

Q. And it does appear, based upon this -
I have put in front of you what has been premarked

as Gray Exhibit 14. This appears to be an amended

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A. Yes.

Q. -- which was filed on your behalf, it looks like probably about 14 days later. Well, within that time period, February 28th of 2022.

And this was filed after you hired Mr. Daller?

- A. Correct. He's on that document.
- Q. Okay. There is an allegation in here which was not raised previously to this time in relation to age discrimination.

Tell me what is your age discrimination claim based upon?

A. So I know in the emergency department, that five people applied for an exemption. The one applied for a medical exemption. She was denied. She appealed it. She was denied. And then she applied for a religious exemption. It was granted. She was 20, maybe 30.

I know that there was another nurse that applied for a religious exemption. She was also young. So a Corey and then a Carrie. Then the two others that got a religious exemption, I was the only one in the ER that did not get a religious exemption. The other person that did

not get an exemption in the ER did a medical, and she was denied as well.

- Q. Who were the two others that did get an exemption in the ER?
- A. Corey, Carrie, Julie and Andrea Gazillo.
 - Q. What were their ages?
- A. I don't know their specific ages. I don't have their birthdays. I don't wish them happy birthday. I do Julie Grimm. I know her birthday is November 9th, but I know she's younger than me because I know that we had a birthday party for her when she turned 30 and I was not 30. So...
- Q. Were any of them over 40, in your estimate?
- A. I'm -- I'm horrible with that, with guessing ages. At this time could Julie have been, or Andrea? I suppose those two could. Corey and Carrie, absolutely not.
- 21 Q. It's not your testimony -- I mean, you testified that you were terminated under the COVID 22 Vaccination Policy. It's not your testimony that somebody selected you because of your age, not to approve your exemption application? Or is it?

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I'm trying to understand that. I mean, you testified that even a couple of people who were younger were granted exemptions. You're not sure of the other two in your department, what their ages were. They could have been over 40.

But you're not saying that you, Dawn Gray, were selected as someone not to give an exemption to because of your age, are you?

- A. I don't know that. I don't know. You know, I don't know.
- Q. Okay. You don't know one way or the other if --
- A. I sought counsel and I moved forward from there.
- Q. Those other individuals, you said that 16 they were in the ER department. What did they do in the ER department? 18
 - A. They were all nurse -- staff nurses.
 - Q. All right. Would you consider yourself a staff nurse in the ER?
 - A. I was a clinical coordinator.
- 22 Q. None of them were clinical coordinators. Right?
- 24 A. Correct.
 - Q. Do you have any other facts or any

Page 220

facts really that would support you were discriminated against based upon your age?

- A. I know that it was, again, rumor mill talked about. Other people were much more open and new trends that were at different facilities and things like that. The suggestion was out there. Do I know facts? Absolutely not.
- Q. I'm asking about -- I'm asking about facts, not the rumor mill. So if -- if you have any facts to support that it was because of your age, that's what I'd be interested in. Anybody you know, you feel discriminated against you because of your age?
 - A. I do not have any statements.
- Q. Okay. Now, you say statements. Statements or any other facts; other than what we've talked about, there's nothing to support that age was a factor?
- A. According to my knowledge, that is a true statement.
 - Q. Are you currently working?
 - A. I am. Suburban.
- Q. And when did you get the job at Suburban?
 - A. I believe I applied for the job -- I

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Page 221 was just looking at this, so the dates will be a little fresher. I believe I applied 12/5/21. I believe I had a phone interview very quickly after that. It was the holiday time. I was moving. Packing.

I believe I started submitting documents, getting my FBI clearances, those things, over Christmas, New Years. Suburban is, I'm going to say unique. I don't know if it's unique. But they do -- crime does not allow external e-mails to enter their servers, even in the case of job applications.

So there was definitely some phone calls of hey, I sent my -- I sent this and that and they said we didn't get it. And they said what's your e-mail. You know, we went back and forth.

So they don't accept things from like G-mail. So there was some weird delays in there of that. So the dates are a little confusing. They're not fresh in my mind.

But I do know that I was obviously offered the job. I signed it. I want to say I did that end of December, maybe the beginning of January. I don't know. But then it was time for Page 222

me to start working.

Q. It seemed like that happened pretty quickly. Did you start looking for a job?

A. Well, when you are in the unemployment process, you have requirements that you need to meet. I knew that there was an income concern for us.

You know, I did not know the house sold at that point still. I don't think we knew that it was officially sold until, you know, the closer to the beginning of 2022, end of December of '21, beginning of '22.

So you know, I was looking. I was scrambling. When I first started looking, I only looked for a comparable job because I liked the combination of a little leadership and clinical. I did. There just did not seem to be a lot out there.

I did put out -- you know, a couple of weeks. I believe I did more. I had my three a week. I had to be either interviewing, networking or searching and putting in applications. I think I had to do three a week. So I was doing that in addition to, you know, packing, moving.

And then I also was selected into this

unemployment RESEA program, which had other ² requirements that I had to fill out, that I was one of those supposedly random people. I don't know how they picked it, but I got to do that, too. So I had other work that I had to do.

- O. Tell me about that. You have said so many things that I have all these follow-up questions.
- A. It was a program. I received notice that I was enrolled in it. And I had to meet with a representative of the program. Those e-mails are in the discovery. His name is Michael. I had to meet with him, and then I had to sign up for seminars to help me find a job.
- Q. So it was an additional layer of service by the unemployment department, I understand, in helping individuals who are selected find another job?
 - A. That was the intent, yes.
 - Q. Did it help you at all?
- A. Negative. It was a waste of my time 22 because they wanted me to take a class on Outlook e-mail.
 - Q. Yeah. I mean, you did find another job pretty quickly. It seemed like you provided

Page 224 applications that you sent ahead of time in with

your discovery. Were there other places that you had interviewed beyond Suburban?

A. Sure.

Q. Where else did you have interviews, to your recollection?

A. So off the top of my head, I had one with a Dan. I had one with a Tracy. I believe Tracy was DaVita.

- Q. I'm talking about institutions. You said and Tracy. Where are their --
 - A. Tracy, I believe, was DaVita.
 - Q. DaVita. Okay.
- A. I believe that I applied -- I applied to Tower Pottstown. I applied to Prime Roxborough. Interviews.
- Q. And Tower would have been, I think, Phoenixville or was it different --
- A. No. I actually never heard back from anybody at Phoenixville. Tower was Pottstown.
- 22 Q. Pottstown. Okay. So you did interview 23 at Pottstown?
 - A. And I never heard back from him after the interview. He was supposed to get back to me

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and he never did.

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I did have an interview with a correctional facility. I had several. I had several interviews.

Q. Okay. You had several -- did you get any other job offers?

A. DaVita was probably the one that was most willing. I had -- their application was also I had to take a two-hour test even to apply. That's crazy. I'm like holy moly. They gave me quite a bit of information.

I think I might have had more than one call with Tracy, I think actually. And I believe they said they would consider hiring me, and I did decline that.

Q. And that would have been -- do you know what the pay would have been at DaVita?

A. It was a salary and I want to say it was 70ish. 70 maybe. 70,000 a year. It was 70 to 80 I might have written on my scratch notes, something like that. It was less. It was five days a week. It was all remote.

It -- you know, I didn't feel like it was worth me to change my whole lifestyle and priorities with my husband, and now I had to go to

Page 226 five days a week for less pay. And I was already moving forward with Suburban in the temporary position. I told her if this falls through or something else, I'll re-contact you.

5 Q. How many days a week did you want to work?

A. I wanted to remain part time.

Q. Okay. So that would be two to three days a week?

A. Yes.

Q. And you limited yourself to just looking for part time, two to three days a week essentially. I mean, you got these offers which is more --

A. Well, I applied to jobs because I learned early in the process that you applied and there were some times where you spoke to people.

So when I applied for the Suburban job, it was listed as full time. It actually was listed as full time. And money -- and I don't remember if it was full-time nights. But I -- you know, I applied.

23 And when they called me, I said let's talk. I said I'm not doing night shift, what do you have. I rotated night shift for 18 years, and

Page 227 ¹ night shift and Dawn do not get along. She vomits

² every night from 2:00 to 4:00 So that was really

not an option. Theirs was a full time. And I

said do you have a part time. Suburban did.

I found that's not uncommon, as I've learned since. I've got a little bit of standing or whatever. Sometimes they actually -- some people use that. I've heard from somebody else that they use that as a screening method to narrow 10 down the applicants.

11 ATTORNEY HENNESSEY: Okay. You know, I 12 just -- I probably drank too much coffee at the 13 last break. So we're just going to take a 14 five-minute break, if that's okay?

THE DEPONENT: Five minutes is fine.

16 ATTORNEY HENNESSEY: It's 2:52 p.m. 17 Let's just say at 3:00, to make it even. I'll

18 come right back. Okay?

THE DEPONENT: Okay.

ATTORNEY DALLER: Sounds good.

21 ATTORNEY HENNESSEY: Thank you.

(Whereupon, a recess was taken from

2:53 to 3:04 p.m.)

BY ATTORNEY HENNESSEY:

Q. All right. Let's get back to this. I

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don't think I have that much to go through. I mean, there's one area that could take a little while.

We have already talked about some of the offers you received. You would have had an offer from DaVita. You had an offer from Suburban. And that meant ultimately you negotiated part time.

And the part time with Suburban, is that similar to the 60 hours a pay period, as you had at Paoli?

A. So when I took the Suburban job, for the first 12 weeks it was a temp job. So for the first 12 weeks I got 90 bucks an hour. Then at the end of the 12 weeks, they were doing an overhaul and changing things and whatever. So the temporary program that used to continue for, you could do it up to three or four times, went away. And I did take a part-time staff position. Like I said, it's union. So there was no --

21 I did negotiate a little bit for myself 22 because they wanted me to start lower on the union 23 scale, and I said absolutely not. I have over 30 24 years experience. I am masters prepared. 25

So they put me at the second to the

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Page 229 top, which is like 51-something. The next time came that the union allowed for people to be bumped up, I was immediately bumped up to the 52 bucks an hour.

- Q. Is that what you're getting paid now, 52 an hour?
 - A. Fifty-two-odd-something, yep.
- Q. All right. Fifty-two and change an hour. Previously it was -- and it was just the temporary program partly to recruit nurses, I guess, the \$90 an hour. Then that went away.
- A. Yeah. They were -- they needed staff. Yeah. That's a recurring problem for them.
- O. Yeah. I understand. That's true for clinical nursing; there's a staffing shortage throughout. Correct? Or there has been in the past couple years. Is that correct, from your experience?
- A. We never had a problem at Main Line's emergency room. People wanted to work there.
 - Q. Okay.

A. Suburban is always probably going to have some problems due to the type of clientele and the issues that they have there. But yeah.

We have travelers there constantly.

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- Q. How many hours did you negotiate to work at Suburban after you did the part time -and maybe split it up between that temporary period and then that part-time period that you negotiated?
 - A. I've done .6 at Suburban.
 - Q. .6. So .6 throughout?
 - A. Correct.
- Q. Any other offers besides Suburban and DaVita? I think we talked about maybe having the 11 AFLDS.
 - A. American Frontline Nurses. A-F-L-N?
 - Q. Maybe it's AFLN, yeah.
 - A. There's a difference between the two. AFLN, I did take -- they had a training thing. It's more of a self-employed entrepreneur kind of position. If you wanted to do that, they have different levels that you can be involved at.

And I very quickly opted out of any of those positions to do that. So even though I went through the training and things, I'm, you know, kind of what they call it, a -- I don't know what they call it.

I do get some of their e-mails. I can attend their weekly meeting, if I want; which it's

Page 231 not weekly anymore. It's like every other month or something. But I don't -- I don't earn any money through them at all.

Q. I just want to ask you about that, because there were some documents produced, I just want to review quickly with you, from AFLN. I don't have these premarked. And you know, I don't know that we need to use them as a formal exhibit.

But I'll represent that these were produced from your counsel as a part of the discovery, and you might recognize these documents that you turned over.

13 You know, actually I can pull up and 14 show you ones that I have premarked. Hang on one moment. This has been premarked as -- or it's 16 been saved as 16. We'll call it Gray 16. I believe it has the same documents in there. No, 18 it does not. Maybe it's 15. Hang on. 19

We're looking at what was saved, and I'll produce it, as Exhibit 15.

21 (Whereupon, 47 pages of job search 22 and e-mails related thereto were produced for identification, to be post-marked as Gray 24 Exhibit 15.)

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BY ATTORNEY HENNESSEY:

Q. It looks like there's an application for AFLDS. So I've been getting that wrong. You said they're two different organizations.

What is AFLDS?

- A. American Frontline Doc -- it's for doctor. AFLDS. American Frontline -- drawing a blank.
- Q. That's okay. This looks like something that you uploaded. It says here, application for AFLDS, 12/17/2021, uploaded to application file. No response.

So you received no response to them -from them?

A. This was a -- an opportunity I saw. I had looked at the American Frontline Doctor's site. I don't recall it now. I don't know what 18 it's called now. Anyway, I looked at it. And they sent out on one of their notices that they were considering opening some urgent care and things in different states, and if you were interested to put in an application. And I was putting in an application.

24 So I checked a box for unemployment to put in an application and I never heard from them.

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Q. And that was kind of a patriot organization?

A. Yes.

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Q. Okay. And it was an organization that you were following at the time?

A. I mean, I had -- yes, I had some familiarity with them. My brother -- well, I shouldn't say my brother. We had -- we knew of them.

Q. Okay. And you say here, "My life was turned upside down in November when I was fired from my 21-year-job as clinical coordinator."

And then ultimately you say, "because my religious exemption was denied."

Then you go on to say, "Working with like-minded individuals on a care team would provide inspiration and motivation for me to continue serving in a profession I am passionate

"I have followed AFLDS since the early in the pandemic and would be honored to serve alongside fellow patriots who desire to return patient-centered care to the medical profession."

Do you see that there?

A. I do.

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- Q. So you did follow them from early in the pandemic.
- A. I did. I would get -- if they would put out an e-mail, I would get that. I did not follow them because I don't do social media and I don't do any of that. But that's what I'm -- for me, that's what following means.

So you know, here you can click to receive e-mails from different people if you got an e-mail, and I did do that.

I do believe that healthcare is broken. and I do think that we have lost the focus of patient-centered care in healthcare.

So that's a true statement. I still feel that today. I still think healthcare is broken.

Q. Are you aware that that organization has been investigated by -- well, the state of California, for example, for promoting non-scientific -- (connection unclear) -- its information campaigns, such as promoting ivermectin or hydroxychloroquine.

Are you aware of that?

A. I'm not aware of everything you said in that statement. And you cut out a little.

Q. Did I go out there?

A. You put a lot of stuff in that statement. I know nothing about California that you're speaking of. I have -- I do know of ivermectin/hydroxychloroquine. We used it directly from AFLDS. Oh, I mistyped it there. AFLDS.

I'm not going to recollect that. But you know, there is obviously, to this day, still some talk. Ivermectin is on the CDC website as an accepted treatment. It's still listed there.

Q. What's your view of ivermectin?

13 A. I think that the approach that I saw and heard, which was treat late, went against every principle I learned in my nursing career, which was you catch things early. You don't wait. You don't wait until a patient is blue and hypoxic. You intervene earlier.

What that means in terms of medical COVID, I don't have the medical expertise. It's not in my scope of practice. But I think in that way, that's my kind of referral to that healthcare is broken. I think that that approach, waiting until somebody was at that state to address something just still feels wrong to me.

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- Q. So you think using ivermectin as a preventative measure would be an inappropriate method of trying to avoid a severe infection of COVID-19?
- A. I didn't say that. That's beyond my scope of practice.
- Q. Well, I'm inferring because you -- it was kind of a vague statement.

My question was how you felt about ivermectin. Did you -- have you had -- well, tell me.

Just because you didn't say that; you didn't say that what I said was wrong, did you feel that ivermectin could be an appropriate choice by a patient in relation to treating for COVID-19?

A. I think that many different avenues for early treatment should have been looked at. I'm not saying that ivermectin was the cure. That's beyond my scope.

But I do know that the underlying 22 feeling was that we are not going to treat early. 23 I know for a fact in my emergency room, the very pandemic, we, meaning the doctors -- I never did -- but they prescribed hydroxychloroquine. We

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Page 237 gave some in our emergency department. And then we never did again.

Don't remember the dates. Don't remember the details. But then, like I said, that's not my scope of practice. But then we did nothing early prevention at all.

And where I work now, we do do some Paxlovid™. I always say that wrong. We do do some Paxlovid™ when indicated for higher-risk people a little bit earlier than I believe we did earlier in the pandemic. So there is a little turn towards a little more early treatment.

But that's what -- when I refer to patient-centered care and things like that, I was referring to that. I was not referring to specifically to ivermectin. I was just speaking, you know, late treatment versus early treatment.

- Q. Would you take ivermectin?
- A. I would look into it. I would have to investigate it and consider it and look into it. I have not had the need.
- Q. You said preventative. So you didn't take ivermectin or hydroxychloroquine or anything of that nature at any time?
 - A. As a -- no.

Q. And you would look at --

A. I do -- I should say, though, that I do have a face cream that I use for my rosacea that the copay went from \$35.00 to \$780.00. I did a little research on that, and I think it has some derivative, I think, of ivermectin.

So I just -- I did in that sense. But it wasn't for COVID. I used it well before COVID, and am not paying the copay to get it renewed. Not worth it.

- Q. Okay. Did you -- you know, going back to the AFLDS. That's a political organization, correct, to your knowledge?
- A. Um, the position I applied for was a clinical position. What this is in reference to was a clinical position. So that was my intent. I'm not going to -- I don't -- that is not why I applied. That's not why I applied for that.

I applied because they were looking to start some early treat -- some urgent care treatment options in states. And they didn't even identify which states. They just were opening it up and I applied.

Q. Just to go back. You mentioned the face cream. I wanted to follow-up quickly.

Page 239 When was the last time that you used that face cream?

- A. I ran out of my prescription before COVID. I was a little delinquent in getting it. So it's probably now been -- what is it? '23. Probably 2019.
- Q. Okay. 2019. Who prescribed it for you?
 - A. A dermatologist.
 - Q. Do you use anything different now?
- A. No. I told my husband that he married me and we've been married long enough, and he loves me and he can look at my face when it reacts.
 - Q. That's the allergic reaction to the --
- 16 A. Yeah. It comes and goes. If I eat red tomatoes, if I eat red sauce, if I'm in the sun too much. I already had an allergy to parabens from the dermatologist many years ago.

So I never use any face creams or anything with any parabens. So I get to pay a lot of money for suntan lotion. But yeah.

- Q. And ivermectin, do you know whether that was tested using fetal cells?
 - A. I have no idea.

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- Q. You don't?
- A. No.
- Q. Okay. In terms of the AFLDS, are you aware that --

And I'm going to take this down, because again, the bandwidth may be an issue.

Are you aware that they promoted ivermectin and spread information, negative information about COVID-19 vaccines?

A. I believe you asked that and I believe I said no. So I don't -- you know, like I said, I only -- e-mails and things like -- you know, when they come.

And I saw this e-mail about this opportunity for the urgent care possibly, and that's why I applied.

- Q. Were you aware -- who is the founder of AFLDS; do you know?
- A. I probably know from the e-mails that I get every once in a while. I do not recollect right now.
- Q. Would it be -- (connection became unclear.)
 - A. What's that?
 - Q. I have Simone Gold. Do you recognize

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- A. I have heard that name.
- Q. Okay. And Simone Gold was ultimately convicted for involvement in January 6th. Were you aware of that? In the

January 6th insurrection.

- A. If you say it's true, it's true.
- Q. Do you know if the American Frontline 9 Nurses were at all related to AFLDS?
 - A. I do not.
 - Q. You said you signed up for Telegram in relation to the American Frontline Nurses. Do you receive information from them to this day through Telegram?
 - A. Like I said, I get access if I want to join their meeting when they have it. Which, like I said, it was more frequently back then. I have not attended a meeting since probably say -- when was that? August? I probably have never attended a meeting since the first time. Well, I attended one when I was first thinking of doing it.
 - Q. And you know, I wasn't clear. I'm sorry. You may have said this.

Were you given a firm offer from AFLN, from American Frontline Nurses? Have you done any

work for pay for them?

A. I have done no work for pay from them. It's -- my understanding, when I was looking into it at the time, it's tiered. You start at one tier, and then once you get whatever, you can go to the second tier.

And I believe it's a third or fourth tier that you can start kind of being an entrepreneur and have your own -- be self-employed if you want to have consults and stuff.

But I never -- I never even did that. I never went beyond.

- Q. Have you received compensation from any other organizations since your termination from Main Line Health other than Suburban Community?
- A. Yes. Now that you say that. I also have done -- I believe it was in December of '21. I had previously been on an emergency nurse association triage work group. That was a non-paid.

There was just a bunch of us from around the country, because they were looking to acquire the ESI handbook. And all of these details you probably don't need to know.

Long-story-short, one of those people

knew that I had an expertise in triage. I'm published in triage. And they asked if I would review some modules for them. So I did some work for them. Over two periods, I believe I got a

\$200.00 honorarium at one point. And I think I got a \$300.00 honorarium at that point. And that's it.

- O. That's an additional \$500 of income that you've received?
 - A. Yeah.
- Q. You said that Suburban Community does 12 have a 401(k) program which you would be eligible to participate in, but you have not participated in it to date. Correct?
 - A. Right. I'm meeting with my financial advisor in August, and we are going to re-look at those numbers. With the mortgage changes and things like that and other -- you know, some things, we just -- at that point we decided to wait.

And we'll see if I really -- was hoping that another job would come along by now that would be a little more suited or whatever.

But I still have done a little bit of work. I did apply for a coordinator job, I

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believe at the end of January. I think I found out and included in -- I think I found out in May that they had hired somebody. I don't know.

- Q. You're anticipating my questions again. I was going to ask you if you have continued to look for other jobs since Suburban. So the answer is yes?
- A. Yes. Not nearly as required by unemployment.
- Q. So unemployment requires that you look for, I think it was the three applications per week. Is that -- does that ring a bell?
- A. Right. And you could substitute an 14 interview for one -- you know, their rules. You could substitute an interview for one or whatever. And you had to do searches and things like that.

I have done a couple. I've really -nothing really, like I said, I got that one back that I actually thought hey, this might work for me. Obviously it didn't, six months later, five months later.

I have had some networking things that I thought might come through and they have not. So you know, I'm looking.

Q. I mean, we read that message that you

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Page 245 sent to AFLDS and it may have been appropriate for them.

But are you telling other organizations that you were fired from your job from Main Line Health because you did not get a COVID-19 vaccination exemption?

A. I do recollect with some of the earlier interviews and things that I would ask if they had a vaccine exemption opportunity. Because for me, if they didn't, it was null and void for me.

So you know, I was open that I would need a religious exemption for a vaccine for COVID-19.

So did I say I was terminated? No, per se. If they asked me why I left, I would say that my religious exemption was denied. You know, if they asked me specifically, I would tell them.

- Q. That's not --
- A. But that doesn't happen very often.
- 20 Q. That's not something you would 21 typically lead with other than maybe the AFL --22 (connection unclear.)
 - A. I'm sorry? I did not hear that.
 - Q. I said that's not something that you would typically lead with in terms of reaching

Page 246 out, other than with AFLDS and I think AFLN.

You led with hey, I was terminated because of the religious exemption.

- A. No.
- Q. But other employers you wouldn't lead with that necessarily?
- A. Oh, no. Because the other employers were an on-line submission. You know, I had opportunities to speak if one -- if they raised it. It was more in an interview. On those there wasn't one. It was all by paper.
- Q. With regard to Suburban Community, did they have a vaccine exemption process?
 - A. Yes.
- 15 Q. Did you go through that vaccine exemption process?
 - A. Yes.
 - Q. Did you get approved for an exemption?
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 - Q. Did you request help from your current religious organization in relation to that?
 - A. Ask for help in what way?
- 23 Q. Well, did you ask for them to submit a letter or anything on your behalf?
 - A. My boss did ask me for a letter from a

Page 247 pastor at my church. It ended up -- and I did give it to him, but it was not -- it ended up not being needed. And I said what did you do with it, and he said I just got rid of it. He did have one but it was not necessary.

- Q. Did they have a -- what was their process for the -- for exemption requests?
 - A. For Suburban?
 - Q. Yes, for Suburban.
- 10 A. I submitted an open letter stating my beliefs. There was no form. And I gave it to my 12 boss.
 - Q. Did you provide a copy of that letter in the discovery responses here?
 - A. I did.

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16 Q. I have a number of e-mails which I 17 noted that you have produced. This has been saved 18 as Gray Exhibit 17. 19

(Whereupon, a three page e-mail re: Suburban exemption was produced for identification as Gray Exhibit No. 17.)

22 BY ATTORNEY HENNESSEY:

Q. It says here that this is -- this appears to be an e-mail from your husband to the church. The RDG, is that your husband's e-mail

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address?

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A. Yep.

Q. And it talks about the exemption process with regard to Suburban. And it says here that Suburban said during the interview that it was not a big deal, in relation to the exemption.

Is that accurate?

A. It ended up being not a big deal at all. They ended up not leaving -- the communication at Suburban is poor, confusing, constantly changing. And like I said, you told me I needed it. I needed it ASAP. I gave it to 13 them. Then when I followed up with them, they 14 said they didn't need it, I didn't do anything 15 with it. I didn't give it to anybody. 16

In hindsight, what I ended up doing was I signed a form that said I was requesting a religious exemption. I hit the X over religious exemption. I signed it and I dated it. They had my letter, but they needed nothing else.

Q. Now, is Suburban owned by Prime Healthcare?

A. Yes.

(Whereupon, a one-page letter to ²⁵ Prime Healthcare was produced for identification

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as Gray Exhibit 22.)

BY ATTORNEY HENNESSEY:

- Q. And this document here which is saved as exhibit -- or Gray Exhibit 22, is this what you're referring to as the letter that you sent to them that they accepted and that was that?
- A. When you stop scrolling, I'll look at it.
 - Q. Okay.

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- A. You're killing me. I get seasick if I stand on land and look at water. And you're giving me the boat ride of my life today.
 - Q. I'm not doing it on purpose, I swear.
- A. Yes, that is the letter that I gave to my boss. A hand-printed copy.
 - Q. Okay.
- 17 A. There was nowhere to upload it. There 18 was nowhere to -- yeah.
 - Q. I'm just going to show you another document. Hang on one moment. There it is.

Let me go back to these e-mails which I referenced as Gray Exhibit 17. It says here from -- it says, "Sincerely, Ron and Dawn Gray. Attached is a letter Dawn's attorney wrote for Paul to consider signing as well as Dawn's

Page 250

letter."

What is that a reference to?

- A. Hmmm. That's a great question. My husband wrote that. I don't know.
- Q. Okay. I mean, if you had this e-mail, do you think you would have the attachment to this e-mail?
 - A. You have the letter.
 - Q. Right. I don't know that I do.
 - A. That's what you just showed.
- 11 Q. Oh, okay. So that was the letter that was attached. That was provided by, it says your 13 attorney.
 - A. Well, I did. Since I had retained Mr. Daller at that point, he did review it and we did -- we did work on -- I don't want to say we worked on it together. But he did review the letter before he sent it.

So I think that is probably what my husband is speaking about. It was one letter, and it's the letter you saw.

- Q. All right.
- 23 A. And this is, you know, after the merger and, you know, this is after all that. So -- and then that's the letter from -- well --

Q. All right. It says that Pastor Harry was involved in the first process and provided counsel up to this point.

Was there any reason that you decided not to use the same pastor for this exemption request?

- A. A) he was not my pastor anymore. He moved. He took another interim job, another pastor position. That's kind of what he did at the stage of his career. And I don't know where he went.
- 12 Q. The new letter that you received 13 from -- it appears that Ben Thompson responded and provided a letter dated March 29th, 2022. It's been saved as Gray Exhibit 23. 16

(Whereupon, a one-page letter from Pastor Thompson was produced for identification as Gray Exhibit 23.)

19 BY ATTORNEY HENNESSEY:

- Q. Do you see that letter?
- A. I do.
- 22 Q. That's a relatively simple, straightforward letter that doesn't go into any level of details. Is that correct?
 - A. It states what it states.

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- Q. Okay. Did you have any involvement in crafting that letter with Pastor Ben or did your husband?
 - A. No.
 - Q. Did your attorney?
- A. No. Unless he did and I didn't know it. Not to my knowledge I guess is the correct answer there.
- Q. And you're saying that it wasn't even an issue at that point because they didn't even really look at the letter?
- A. I mean, I don't -- you took it down. I don't remember the date of that letter. I don't remember the date of the e-mail. The ironic thing is is that I don't think I had to sign -- it was months later that I actually had to do that X and sign my name. Months later.
- Q. Did you apply for an exemption anywhere else that you applied for a job?
- A. I never got far enough along in the process. There were some places that when I asked them, they said they didn't have a vaccine requirement. That was the jail.

The correctional facility did not require at all. And there was another -- there

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Page 253 was another one I applied for. I found out it was like over an hour from my house or something, and I didn't even go there.

Q. Okay. Any other offers that we didn't talk about?

A. None that came -- you know, once I had Suburban, you know, there were some e-mails sent and things like that. But no, I did not pursue anything else once I knew that the temporary position was open and that I was accepted. It was just a matter of paperwork and clearances.

Their communication. Yeah, I smile and I laugh. I was supposed to -- I didn't start the day I was supposed to actually start. Anyway, it's just Suburban.

It's not Main Line Health, period.

Q. Do you have any other interviews coming up --

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Q. -- or scheduled for any other job?

A. Excuse me. No.

Q. And you're --

A. Not at this time.

24 Q. And you're continuing to look to this 25 day?

Page 254 A. I have not looked recently. I've been busy with documents and things for this. So I have not recently looked.

My husband is a school teacher. He is off from last day of school until after Labor Day. So our summers are filled with other things. So I have been doing that when I'm not working on this.

Q. And just to clarify again. I want to circle back to this, because you mentioned the move from Wayne to Norristown. And that seemed to be a stressful time for you.

That -- you listed your house. When was that that you listed the Wayne house for sale?

14 A. I believe we put it on the market 15 December, earlier in December. Maybe the 7th, 9th, 5th, something like that.

Q. Okay. December 7th.

A. Something like that.

Q. All right. And you moved to

Norristown. That was really only about ten

21 minutes away from where you lived in Wayne,

22 correct, maybe 15 depending on traffic?

A. Yes. My husband -- my husband is still working where he was working. We liked our church. We liked our network. We liked our gym

Page 255 where we worked out. You know things, that -- you ² know, we did not really want to move out of the area. That was not even a consideration for us.

We opted to downsize. It was a hot market. It was very difficult. It was very, very difficult to find something. And God opened some pretty cool doors on that, too.

Q. Okay. All right. So that was more financial consideration, that wasn't necessarily to move right near where you're working at Suburban or was it?

A. Oh, no. My husband laughs at that. One of the houses we put a bid on it that we didn't get was even closer. He's like you can walk to work. I'm like no, I can't. I'm on my feet for 13 hours a day. I'm not walking to work. (Laughter.)

Q. I understand. All right. There were some -- I want to go through some of your interrogatory answers that were produced to me. I know we had -- you may have -- well, strike that.

I'm going to put a document in front of you. We don't have to attach it as an exhibit because I think it can be agreed what this document is. It's -- it's entitled Plaintiff's

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Response to Defendants' First Set of Interrogatories addressed to Plaintiff. 3

Do you see that document?

A. Yes.

Q. I'm just going to scroll down to see if you signed. At the end here, it has a verification. It says, "I, Dawn Gray, hereby verify that pursuant to the Federal Rules of Civil Procedure, under penalty of perjury, that the foregoing Plaintiff's response to the Defendants' 11 First Set of Interrogatories directed to Plaintiff is true and correct."

Is that your signature there?

A. Yes.

Q. You responded -- you assisted, I guess, your attorney in response to these requests. Would that be accurate? And we'll look at the first one. I have the first one up and it asks for --

Before I ask that, I just want to get a yes on my prior question.

Did you help provide the information responsive to these requests?

A. Oh. Yes.

Q. All right. And the first request asks

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Page 257 for you to identify all individuals who you know

of or believe to have knowledge of any of the

facts alleged in the complaint or to your claims with respect to each person identified; describe

in detail the factual knowledge that each person has.

You've provided a list here without really -- I mean, you then put facts known by these people, but you didn't connect the person to the facts known by the individual.

And so we'll do that now, to make sure I have that information.

So the first person you identified is Ronald Gray. What information does he have that's related to your complaint or the claims that you have?

- A. He knows. He knows. I live with the man. So he's read --
 - Q. Let me --
 - A. He's read things. He knows the steps
- ²¹ I've taken. He's reviewed --
- Q. Well, that's what I want to discern.
- ²³ Does he have go ahead.
- A. Yes, he has.
 - Q. Does he have personal knowledge or does

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he have knowledge through you?

A. Okay. I'd need an explanation of what the difference is.

Q. Knowledge through you would be that you're providing him the information. And personal knowledge would be -- he attended a phone call where you had with a specific person or overheard what was said by the other side.

So it could be that he has personal knowledge in relation to -- well, he reviewed your vaccine exemption form, which you've already testified to, that he reviewed that.

- A. Yes.
- Q. So I understand that he has knowledge in relation to reviewing that and making some grammatical changes to that.

But is there anything else that he would have personal knowledge to?

A. So he has read, like the PHRC filing.
You know, he's read things when I've gotten them in paper, whatever, or form.

In terms of conversations about details of those things, no, I -- you know, except for talking to me? No. Is that what you're asking me? I'm not sure.

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Q. Yeah. That's all I'm asking you.

A. There you go. There you go. That's good for Ronald.

Q. That's good enough.

Donald Friedly and Janet Friedly, I guess that's your mom and dad?

- A. Yep, father and mother.
- Q. And what do they have as any personal knowledge about?
- A. They have not read any -- they have not read my exemption. They have not read any of the filings. But obviously we have discussed it, and they have been my prayer warriors. So I said I need prayer.

They know I'm here today and I can guarantee you that my dad -- he was a preacher in his second career or his third career, I think it might have been. So I can guarantee they are praying. That's their knowledge. They do not know any details. They have not seen any documents.

- Q. Douglas Friedly and Felicia Friedly, what is the extent of their knowledge?
- A. That's my brother and his wife. I'm sorry I did not put that in there. That's my

brother and his wife.

He's the same. Has not read any of my things. We talk about it. You know, obviously I went home for Christmas. I had Christmas off for the first time in I don't know how many years of my career.

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So we did spend the holidays together in November and December of '21. Obviously I was still very shaken up. Things they know, they know that I'm pursuing this, of course. I know him and his wife are praying today.

- Q. And you put there that he's a government employee. He works at the Pentagon.
 - A. Yes.
 - Q. What does he do at the Pentagon?
- A. His comment about that is that if I told you, I would have to shoot you. I'm serious. He works for the Department of Defense at a very, very, very high level.
- Q. Daniel Friedly and Lori Friedly, what's the extent of their knowledge?
- A. Same. My brother and my sister-in-law.
 They're aware of the process. They have read no documents. He texted me this morning and told me he was praying. And he is. I'm sure Lori is,

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O. So you have two brothers. Any other siblings?

- A. Nope. I'm the baby.
- Q. They're older brothers. Okay.

Harry Fletcher. He filled out the religious organization form, and we have talked about his involvement and some of the e-mails that were exchanged with him.

Is there anything else that he's aware of that we haven't discussed?

- A. No. In fact, I'm not in contact with him anymore. Like I said, I'm not even sure where he's at right now. But you know, we'd pray -like I said, we'd pray on Sundays in the parking lot or in the sanctuary or whatever while he was the interim pastor at our church.
- Q. Ben Thompson. We just talked about him and we reviewed a letter that he wrote.

Anything else that he was involved in other than helping with the exemption request at Suburban?

A. Nope. Except for the -- you know, every once in a while we pray after a church service or before a church service. And he knows

I'm here today but does not know any details.

- Q. Kyle Davis and Michelle Davis, who are they?
- A. Make this a little bit easier. Maybe, maybe not. Kyle and Michelle Davis and William Malenke and Kim Malenke, they were members of my most recent small group at our church. So we would meet. We stopped for a little bit at the beginning of the pandemic.

When the churches merged, we have not re-started up a small group. So you know, as a small group, we were going through some of the things. There were prayer requests. They never read a document. Just prayer, prayer support. I have not -- yeah, I don't think Kim and Bill know that I'm here today. Michelle does. Michelle is praying.

Again, just church relations and no details. Never read any of my documents.

- Q. Have you talked to them about your case?
- 22 A. In terms of the process I'm going 23 through?
- 24 Q. Sure.
 - A. Michelle knows more because after

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Page 263 November of '21, she -- we did meet every so ² often. I would say not weekly. Maybe every other week. And we'd walk and talk about her kids and just things, and then we would end with prayer 5 time.

She'd say where are you at, what can I pray for specifically. I'd say okay, I'm waiting to hear back from this or whatever. But again, never saw any documents. The other is just the group, small group community and prayer.

- Q. So the small prayer group and --
- A. Small group with prayer, yes.
- 13 Q. So you aren't going to be calling them to testify. I think it's fair to say they don't have personal knowledge or anything of that 16 nature?
- 17 A. They have personal knowledge of my religious beliefs and the convictions and the things that I have gone through with my walk. So to say I'm not going to call them, I don't know.
 - Q. Okay. So you haven't made that determination at this point?
 - A. That's true.
 - Q. Amy Jenkins. Who is Amy Jenkins?
 - A. So Amy is a member of our church, who

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on Sunday, she's -- we have this joke in our church. It's a big church. She sits on the other side. We call it the dark side of the church.

She just came over one Sunday in November and just said God told me I need to come over and pray with you and give you a hug. And we have continued to do that on Sundays in church. She prays.

She does know that I'm not working at Main Line Health anymore and that I'm at Suburban and that I have filed this. She has not read any of my documents.

- Q. Are you going to call her as a witness?
- A. I don't know.
- Q. I mean, if you were going to call somebody as a witness, I kind of would like to know.
- A. I don't think that Amy would be -- Amy, Chrissy or Jen would be somebody in that category.
 - Q. Chrissy, Jen, tell me about them.
- 21 A. They are church members. Chrissy does 22 not attend our church now but she did. Hooked up with her at a funeral afterwards. She came up to 24 asked how's Paoli. So I directly told her that I didn't work at Paoli anymore.

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She said oh, I went through that with

Penn. She works at the Penn Museum in Philly.

She just said she would keep me in prayer.

- Q. Was that Chrissy or Jen? I missed that.
 - A. That's Chrissy.
 - Q. Chrissy. Okay. And Jen?

A. Jen, I quilt with. We quilt about -- lately -- we used to do it all the time. Lately it's been maybe once a year, twice a year. We did get together for lunch over her birthday in March.

So she asked for an update for prayers. She knows I'm not at Main Line. She knows -- I don't think she knows I'm here today, but she knows I'm going through the process.

- Q. Julie Grimm, how about her? What does she have knowledge in relation to?
- A. She knows -- she still works at Paoli's emergency room. She worked alongside me. She -- I did think about it long and hard, if she actually read my religious exemption. And I don't recollect that she did. She definitely has not read any documents.

We had lunch once after I got terminated, just to hey, how are you doing, let's

do lunch. We were -- you know, we were close friends. We would pray together at work if there was a spiritual need. And when we were on, sometimes we would team up and do it together if a family, after a traumatic situation, was asking for prayer, and if the chaplain wasn't there, we would do that. You know, things like that. She's a fellow Christian.

And she knows -- she doesn't know I'm here today or anything, but she definitely worked alongside of me at Paoli.

- Q. Did she have any personal knowledge of any of the events that we have discussed or you have put in your complaint?
- A. In terms of -- she knows I was terminated. She knows my -- she knows I applied for a religious exemption. She knows about my fertility and Plan B and those kinds of things.

 So, she has knowledge of my religious beliefs very solidly.

So yeah, I guess if you're asking me would she be a potential witness, I would say she could be.

Q. Other than that, there isn't anything specific that you can think of that she would

¹ testify to?

A. I -- she doesn't know any of my documents. She knows that I'm working at Suburban, because when we got together for lunch she wanted to know what our volume was like and our patients and things like that. So yeah, she knows some of that.

But she's never read any of my documents or my complaints or anything like that. She knows, obviously, that I filed. But not that I can think of.

- Q. We already talked about Sara Slattery. Is there anything that we missed on Sara Slattery in terms of, I understand that you connected with her through -- I forget the name, Molly and someone --
 - A. Molly and Ali.
 - Q. Molly and Ali, yeah.
- A. Molly and Ali. No, I never met her. I keep thinking one of these days if I -- I have not played at Marion in a long time. Maybe one of these days, I'll run into her. But I won't know her to run into her. So...
- Q. Is it Marion Squash? What's the --what's the Marion Country Club name?

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- A. Marion Cricket Club.
- Q. Cricket Club. Okay. So she's a member of Marion Cricket Club?
 - A. I believe, yes, that was the connection between Ali and her. I know Sara does not play squash. So I don't know if it's paddle tennis or -- well, I don't know what it is.
 - Q. So Marion Cricket Club has squash facilities there?
 - A. Oh, yes.
 - Q. Nice ones, I guess?
 - A. Of course. Better than Berlin.
 - Q. Andrew Snyder. Who is Andrew Snyder?
 - A. Andrew Snyder is -- he's part of -- he was somebody who was in my group, that COVID group. Remember, I said we had to have a group after we started playing squash again, after we opened up after the initial COVID?

So he's aware that I'm not working at Main Line anymore. He's been on the court when I've kind of got rid of some of my stress and frustration on the court. He's like you're hitting the ball really hard today, Dawn. I'm like yes, I am, next step in the process. I have made comments like that. He would be like okay.

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then you're my partner today and I'm not competing against you, something like that.

Again, you know, he has some indirect knowledge. But again, he hasn't read anything or anything like that. And no, I would not consider calling him.

Q. Amy Milanek?

A. Amy Milanek. Like Milan, like the country, city or whatever. Amy is my -- when I competed on the professional squash doubles tour, when I do, I play with her. She is my doubles partner.

So you know, we have traveled together. Broken a lot of bread together. Been in some good moments and bad moments. She is also another one that obviously we would play -- she was in my group, the COVID group, as we called it.

She has not read anything. She is more than familiar with my religious beliefs. You know, if we decided that we wanted somebody to speak from a non-church or something like that and knows my beliefs and how firm my beliefs are and how much I hold them dear, you know, I'm not going to rule her out.

Q. Are there any other persons that you

didn't list other than, you know, people we've talked about through the deposition today that have information that may be relevant to your case?

A. I don't think so. I mean, indirectly. You know, now that I'm playing squash again more and we're not stuck to those same people and stuff like that. People will say hey, are you still working at Paoli. You know, casual conversations that they hadn't heard it through that.

You know, I'm sure there's people that every once in a while, I do -- somebody will text me and say hey, how busy is Paoli today, my kid just fell. I'm like I don't know, I'm not there.

So there was a lot of those, that I would call, nonspecific things. But no, I wouldn't have any documentation. I wouldn't even know the names, the dates, the times or anything like that. So no.

- Q. No one else that you would call as a witness other than the people that we've talked about today that you're aware of, at least sitting here today?
- A. At this time. That would be a correct statement.

Q. Okay. I think we have clarified that you -- you sent your Facebook social media to me. It doesn't appear -- you weren't very active on Facebook. Would that be accurate?

- A. Did you notice I don't have any friends?
- Q. Well, I didn't notice that. I just noticed that you only had the one entry on Facebook.

A. The only reason I ever even got on social media -- the whole time I worked at Main Line I was never on social media. And the pandemic changed that.

There is a particular person that led

There is a particular person that led some group fitness classes and she started up some on-line. And that's the Instagram and that's the Facebook. The Core Max Fitness. I would do her workouts. I still do. The Core Max does not happen anymore. She still does Instagram live workouts on that, and I do -- when I'm able to, I do them. They're good.

Q. I saw that. The only other person I saw you watched a video was, it was like Dr. Z on or Z Dog. Do you recall watching that video?

A. No.

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- Q. No. Not really? You don't recall following a Dr. Z?
- A. No. If I did, I probably did it by accident. I have an awful time with that because I don't know Facebook. I probably did. If I did it, I probably did it by accident.
 - Q. It was a good video.
 - A. It was? No. I can't help you there.
 - Q. All right. You don't recall.
 - A. Maybe I should go back and look at it.
- Q. Yeah, I would recommend it. I don't know if you would like it, but I did.

In the interrogatory in relation to interrogatory number five, I think you already provided all of the applications.

Oh. The thing that I wanted to circle back to was the benefit options for Suburban. I don't know if I saw anything with relation to like 401(k) options.

So if you do have something that provides the benefits for Suburban in relation to your current position, I received the benefits related to the temporary position or the offer in relation to the temporary position.

But I didn't see anything about

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Page 273 benefits in relation to your current position. If you do have --

- A. I can tell you I got nothing further because I was hired as a temporary. I was actually considered an employee. So when I rolled over into the non-temporary staff job, nothing really changed, except for I had to resubmit that I was waiving my medical, dental and vision. It's the same. There was no difference. I was considered -- it's weird. So I didn't get anything else.
- Q. Okay. Well, if you get something regarding the 401(k), I know you're meeting with your financial advisor, if you get something in relation to that, if you can turn it over to your counsel so he could turn it over to us, I would appreciate that.

And we have talked here about -- and this is the remuneration that you've received?

- A. Oh, yeah, there's my thing. I now earn 52.42.
- Q. That's it. It doesn't have the \$500 there, but I did see it on your tax record.
- A. Yeah, I kind of forgot about that. It was one of those honorariums. For the hours in

it, it was a drop in the bucket. But yes.

Q. As long as you put it on your tax record, you're --

- A. It's there.
- Q. I saw it and I can confirm.

In relation to your healthcare providers, you testified as to who your primary care doctor is.

You know, I've got to say that you did during this deposition express some emotion in relation to your attempts to have children. And I wanted to ask you if you treated with anybody in relation to that; a psychologist, a therapist or anybody, because I couldn't help but notice that there was some emotion that you expressed in relation to that.

Did you have any treatment in relation to that?

- A. My church.
- Q. Just your church?
- A. My pastor.
- 22 Q. Okay. Have you talked to your doctor 23 in regards to any emotional --
 - A. I haven't seen -- no. Nurses and doctors don't make good patients. I think you

should know that by now.

I did see Dr. Greer when I did my finger because he had to give me my clearance.

- Q. Do you have any objection to us getting your medical records from Dr. Greer?
- A. I don't think. No. I mean, I think he saw me once for what ended up being hand, foot and mouth. Yeah. No, if you would like to, you may.
- Q. Who did you see before Dr. Greer as your primary care?
 - A. You're going back a-ways.
- 12 O. So it's been Dr. Greer for about how 13 long?
 - A. Probably almost the whole time I was at Main Line, 20 years.
 - O. Okay.
 - A. And I think before that.
 - Q. You mentioned a dermatologist at some point. Who is your dermatologist?
- 20 A. I knew you were going to ask me that. I can see her. I know where the office is. I've been trying to -- I even looked in my phone to see if I can find her name. I need to ask my friend Amy; my friend that I play squash with will know her name. I can't pull it.

Page 276 Q. Yeah. That's fine. You can provide that information to your attorney and I would ask that he turn that over.

THE DEPONENT: John, you'll have to remind me.

ATTORNEY DALLER: Brendan, can you send a list?

THE DEPONENT: Because I'm not going to remember that.

ATTORNEY HENNESSEY: Yeah, I'll send the list.

ATTORNEY DALLER: Okay. BY ATTORNEY HENNESSEY:

Q. You know, you provided some details, information in relation to what you're seeking in terms of damages, and I reviewed that in your interrogatories. And you also had a separate sheet.

This asked you with respect to damages sought in your complaint, provide in detail the types and amounts of all damages you are seeking. I reviewed this.

And it does talk about backpay. And I 24 came up with a different calculation. We can get into that at some point later. You provided your

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tax information. You mentioned pension loss and pay and in relation to retraining costs.

I am curious what you meant by retraining costs, because it seems like you had quite a bit of training and certification.

So is there any retraining costs that I'm missing that you make reference to?

- A. It could be my clearances. Main Line paid for those. They don't. Main Line reimbursed you for your certification. Suburban doesn't.
 - Q. Okay. So you --
- A. I'm not -- I'm not recollecting that at this time.
- Q. Now, did you withdraw from your retirement accounts at all?
 - A. I rolled over the one from Main Line.
- Q. Okay. So you rolled it over. You didn't incur any early penalty for the rollover.

Correct?

- A. Correct.
- Q. And then the selling your house. From my rough estimation, you made a nice little profit, even though you had a higher mortgage in relation to that house and in relation to that transaction.

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It's fair to say that a lot of things go into the decision to move and sell a house.

Would you agree with that?

A. I mean, you aren't giving me any specifics. But there's a lot. In terms of making a lot of money, I can tell you that, you know, we had just done a major renovation project. And we were not planning on moving.

So I'm not sure -- you know, there is some of the -- the cost of that project, we did remortgage. We did have other costs that we did not remortgage that we paid out of pocket and things like that, for that. So yeah, I -- I --

Q. But it's not like you moved, like you said, to be closer to your new work or anything like that. That was a financial decision that you made. And as far as I can tell, you even sold at the right time in terms of those e-mails, that you received for the house.

And even if you did remortgage it, you're talking about buying in at a certain amount and doubling your money by the time you sell.

So you are asking for closing costs in connection with that?

A. Yeah. We had extensive damage from

flooding that we also had paid, that we had bills.

I know you think we made all this money from the sale of the house. We did not. And we were not planning on selling it at the time we did, because we were planning on living there to sort of start help recoup some of that and enjoy all of the work and effort we had put in and money we had put in.

So the closing costs are in there and things like that because of the process that we were forced to do after being terminated.

- Q. Who did you retain to sell your house?
- A. We used a real estate agent. And those documents were all submitted.
- Q. When did you contact your real estate agent about selling?
- A. I believe I spoke to that earlier. I want to say that my husband kind of -- if I remember, October-ish.
- Q. So this was before your termination. Correct?
- A. No. But I knew that my religious exemption was denied and that there was a possib -- you know, the house did not go on the market until I was terminated.
 - Q. But you didn't know if you were going

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to get another job quickly. I mean, there were a lot of unknowns at that point. Right?

- A. There absolutely are -- were.
- Q. Sure. You know, there isn't any claim here for emotional distress damages. I just want to confirm that you're not asking for any sort of emotional distress in relation to what happened.

Right?

- A. Not at this time.
- Q. Other than your dermatologist, who you can't remember at this time and the --
 - A. It's really buggin' me. Sorry.
- Q. That's okay. Are you going to sometime later ask for emotional distress? I just didn't want to -- there is no claim for emotional distress as far as I saw. Correct?
- A. You cut out a little bit. But no, we have not at this time.
- Q. You have not made a claim for emotional distress?
 - A. Correct.
- Q. All right. In terms of the other providers that you've -- are there any other providers other than your primary care doctor and your dermatologist that you've treated with?

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Dawn Gray v. Main Line Hospitals, Inc.

Page 281 Page 283 1 1 A. My dentist. be granted. Correct? A. Correct. Sarah just said what she said Q. Okay. 3 A. And I have an eye doctor. at the meeting that I've already explained Q. Who's your dentist? previously. 5 A. Michael Sophocles. Q. Okay. All right. And you understand 6 Q. Sophocles. Okay. that they weren't involved in those -- in that 7 And who is your eye doctor? decision making. Right? 8 A. Richard Bennett. A. Right. ATTORNEY HENNESSEY: It's 4:12 p.m. I Q. All right. Before we let -- I let you just want to take ten minutes, review my notes. I go, we've talked a lot. It's now 4:26 p.m. I think I can come back and hopefully we can get out like to ask of witnesses, because this is my 12 of here by 4:30, if all goes according to plan. opportunity to gather relevant information that 13 13 But I want to take a moment. I know may be material to your claims that you've 14 brought. that there are a number of areas that I had marked 15 in my notes to circle back on. So I want to take And we've talked a lot about 16 16 a look at that. conversations and areas, events that occurred in 17 17 So let's take a break for ten minutes, relation to your claim, your complaint while we're 18 18 and we'll go back on the record around 4:23. together. 19 19 Okay? Is there any other information, 20 20 admission -- (connection unclear.) THE DEPONENT: All right. 21 2.1 ATTORNEY DALLER: Yep. A. You're breaking up. 22 22 ATTORNEY HENNESSEY: Thank you. Q. Okay. Can you hear me? 23 23 (Whereupon, a recess was taken from A. Yes. 24 24 4:13 to 4:23 p.m.) ATTORNEY HENNESSEY: You got all the 25 25 stuff before that when I started, right, Lori? Page 282 Page 284 THE COURT REPORTER: Let me read to you BY ATTORNEY HENNESSEY: Q. You know, again, I don't have very right before you broke up, just to be certain. much. So I think we're just about done. There ATTORNEY HENNESSEY: Yes, great. was something that you mentioned before in (Whereupon, the record was read by the court reporter, as requested.) relation to -- and I think I clarified this, but I just want to check again. BY ATTORNEY HENNESSEY: 7 In talking with Sarah Heilman and Q. My question is, is there anything else Bernadette Wise -important that you think that we've missed in our ATTORNEY HENNESSEY: And I don't know day together today? 10 if you'll have any questions how to spell any of A. Not at this time. 11 11 those names. If you need it Lori, I can provide ATTORNEY HENNESSEY: With that said, I 12 12 it. want to thank you for coming to, or attending via 13 Zoom, the deposition. I wish you luck moving BY ATTORNEY HENNESSEY: 14 14 Q. Neither Sarah nor Bernadette ever gave forward. 15 15 you any indication to believe that they were That's all the questions that I have. 16 responsible for deciding whether your exemption Thank you. 17 should be granted or not. 17 THE DEPONENT: Thank you. 18 18 Is that an accurate statement? ATTORNEY DALLER: Thank you. 19 19 A. Right. There was a Vaccine Exemption (Attorney Daller disconnected.) Committee and then the Vaccine Exemption Appeal 20 ATTORNEY HENNESSEY: Thank you, Lori. 21 21 Committee, according to the form. THE COURT REPORTER: You bet. Thank 22 Q. Okay. So that was correct. They never 22 you. If you could send me the exhibits at your 23 gave you any indication to believe that they were convenience. 24 responsible for reviewing your exemption ATTORNEY HENNESSEY: I sure will. 25 application or contributing to whether it should THE COURT REPORTER: Have a great

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	Page 285	
1	evening. I'll see you soon.	
2	ATTORNEY HENNESSEY: Yes, you will.	
3		
	THE COURT REPORTER: Take care. Bye.	
4	ATTORNEY HENNESSEY: Bye.	
5	(Whereupon, the deposition concluded	
6	at 4:33 p.m.)	
7	at 1.35 p.m.)	
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1	Page 286 CERTIFICATE	
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EXHIBIT B

Expert Report of Daniel Salmon, Ph.D., MPH

Professional Experience

Dr. Salmon is a Professor of Global Disease Epidemiology and Control, Department of International Health, Johns Hopkins University Bloomberg School of Public Health. He also has a joint appointment in the Department of Health, Behavior and Society. Dr. Salmon serves as the Director of the Institute for Vaccine Safety at Johns Hopkins.

Dr. Salmon is broadly trained in vaccinology, with an emphasis in epidemiology, behavioral epidemiology, and health policy. Dr. Salmon received a Bachelor of Arts (BA) in Political Science with a minor in Psychology from Rutgers University in 1991. He received a Master of Public Health (MPH) from Emory University Rollins School of Public Health in 1996. Dr. Salmon received a Doctor of Philosophy (PhD) from Johns Hopkins University Bloomberg School of Public Health in 2003.

Dr. Salmon has held positions in government and academia. Dr. Salmon has worked for the Centers for Disease Control and Prevention as a contractor and later as a Policy Analyst. In these positions, he used surveillance systems to conduct studies of measles and pertussis and coordinated Federal efforts around vaccine safety, immunization information systems, and development of new vaccines such as for tuberculosis. Dr. Salmon also served as the Director of Vaccine Safety, National Vaccine Program Office, Department of Health and Human Services. In this capacity, Dr. Salmon was responsible for coordinating and overseeing the nation's vaccine safety system including vaccine safety activities in the Department of Health and Human Services (National Institute of Health, Food and Drug Administration, Centers for Disease Control and Prevention, and Health Resources and Services Administration) other Federal Departments (Defense, Veterans Affairs, State), and non-federal partners including academia, industry, professional medical and public health associations, states and localities, and the public. Dr. Salmon led a Secretary's initiative in vaccine safety, oversaw the 2009 H1N1 vaccine safety program, and served as the Designated Federal Official for the National Vaccine Advisory Committee (NVAC) Vaccine Safety Working Group and the Advisory Commission on Childhood Vaccines (ACCV). Among other accomplishments, Dr. Salmon created the Post-Licensure Rapid Immunization Safety Monitoring (PRISM) Network to conduct active vaccine safety surveillance for the 2009 H1N1 immunization program. PRISM became an ongoing surveillance system for the Food and Drug Administration as a part of the Sentinel program.

Dr. Salmon has conducted a broad range of research in academia including research grants funded by the National Institutes of Health, Centers for Disease Control and Prevention, state health departments, the World Health Organization, Gavi, the Vaccine Alliance, the Robert Wood Johnson Foundation, and private industry including Walgreens, Pfizer, Merck and Crucell. Dr. Salmon has also served as a grant reviewer for the National Institutes for Health, Centers for Disease Control and Prevention, Food and Drug Administration, National Science Foundation, the Gates Foundation, as well as numerous other country federal health authorities. Dr. Salmon has taught and continues to teach a class in vaccine policy for two decades and also currently teaches a class in public health practice at Johns Hopkins University Bloomberg School of Public Health. Dr. Salmon has mentored numerous students and scientists, many of which now hold leadership positions in academia, government, and international organizations.

Dr. Salmon's research and practice work has included a broad range of studies examining the individual and community risks of vaccine refusal, the impact of laws and policies in increasing vaccination coverage and controlling vaccine preventable diseases, the reasons why patients and parents refuse vaccines, and the role of health care providers in impacting patient and parent vaccine decision-making. Dr. Salmon is widely considered a national and global expert in these areas. Dr. Salmon is a member of the Lancet Commission on Vaccine Hesitancy and served on a National Vaccine Advisory Committee Working Group on vaccine hesitancy.

Dr. Salmon has published more than 100 papers in top medical and public health journals including the New England Journal of Medicine, the Lancet, the Journal of the American Medical Association, Health Affairs, and Pediatrics. Dr. Salmon regularly serves as a peer reviewer for these and other high impact journals. He has been invited to give presentations at the National Foundation for Infectious Diseases, Federal advisory committees, and international meetings. Dr. Salmon has served as an expert witness for a variety of legal cases. Dr. Salmon's current curriculum vitae is attached (Appendix 1).

Dr. Salmon has been retained by Main Line Health. Dr. Salmon has reviewed the following materials provided by Main Line Health:

- 1) Main Line Health COVID-19 vaccination policy;
- 2) Religious Exemption form;
- 3) Medical Exemption form; and
- 4) Pregnancy Deferral Form (added in September 2021.

The client has not impacted the content of this report. All opinions herein are that of Dr. Salmon. Dr. Salmon has been compensated at a rate of \$450 per hour for time spent preparing this report.

Dr. Salmon was requested by the Defendant to provide opinions on the following issues:

1. Covid threat to patients and employees in September 2021

- a. In September 2021, was COVID-19 a potentially fatal disease, particularly for vulnerable populations?
- b. How did asymptomatic transmission impact the spread of COVID-19 in health care facilities?
- c. Was exposure to COVID-19 in health care setting an occupational hazard for employees?
- d. What was the impact of COVID-19 on health care system, patient access to care and care quality?
- e. Why were health care personnel high priority group (#1a) when vaccines had limited availability?

2. Safety and Efficacy of COVID-19 Vaccines

- a. What was the efficacy of vaccines available in September 2021?
- b. In September 2021 were unvaccinated persons at an increased risk of contracting COVID and transmitting it to others who could not be vaccinated because of medical contraindications, were too young to be vaccinated or for whom the vaccine was not effective?

c. In September 2021, did the science indicate that "natural immunity" was as effective as vaccination?

3. Justification for mandatory Covid vaccine policy by health care institutions

- a. September 2021, did Covid-19 pose a direct threat to patients and staff in health care facilities?
- b. In September 2021, were mandatory COVID-19 vaccine policies a critical protective action for health care institutions to protect patients and staff?
- c. Did anticipation of the upcoming flu season justify rollout of mandatory COVID-19 vaccine policy in September 2021?
- d.Did mandatory COVID-19 vaccine policies pose risk that health care workers would choose to leave job rather than get vaccinated?
- e. How did mandatory COVID-19 vaccine policies impact vaccine hesitancy?

4. Impact of medical and religious exemption requests on health care institutions

- a. What were the clinical contraindications to receiving the COVID vaccine?
- b. How did non-medical vaccine exemption requests impact the efficacy of vaccine requirements and patient safety?
- c. Did exemptions seriously undermine the efficacy of a vaccination requirement?
- d. Did health care institutions have a responsibility to patients and staff to establish and implement a process for evaluating exemption requests rather than simply rubber-stamping requests?
- e. How did exemptions impact the operations of the health care institutions?

f. How effective were alternative infection control strategies (masking, testing, social distancing) in health care institutions?

5. Anti-vaccine movement's impact on mandatory vaccine policies

- a. Was there an anti-vax movement that impacted COVID-19 vaccine hesitancy in September 2021?
- b. What is the impact of the anti-vaccine movement on mandatory vaccine policies?

6. Stem cells: Some individuals who challenged mandatory COVID vaccine policies raised religious objections based on stem cell use in testing/development of vaccines

- a. Which stem cell lines were used in testing the COVID-19 vaccines available in September 2021?
- b. Other medicines for which stem cells were used in testing

Dr. Salmon's professional judgement in these areas is based upon review of current scientific evidence and federal advisory repots (referenced accordingly). However, at the request of counsel, data sources were limited to those available as of September 2021.

Covid threat to patients and employees as of September 2021

As of September 2021, was COVID-19 a potentially fatal disease, particularly for vulnerable populations?

As of September 2021, about 40 million cases of COVID-19 had been reported¹, about 2.9 million hospitalizations,² and about 675,000 deaths³. This month marked an unfortunate milestone, when the number of COVID-19 deaths had surpassed the number of deaths from the 1918 H1N1 influenza pandemic.⁴ Hospitalizations and deaths were disproportionately impacting the elderly and those with chronic medical conditions such as diabetes, heart conditions and obesity.⁵ However, even some young and healthy individuals were experiencing serious disease, hospitalization and death. Vulnerable racial/ethnic populations (Black, Hispanic and Native American) were also disproportionately impacted by COVID-19.⁶ Delta (B.1.617.2) was the predominant variant in September 2021. COVID-19 was appearing in waves and varied substantially by locality, state and region, as often is the case with infectious disease.

How did asymptomatic transmission impact the spread of COVID-19 in health care facilities?

Asymptomatic transmission of COVID-19 in health care facilities was a major problem through September 2021. Many health care facilities were regularly testing staff. However, such tests were imperfect and testing frequency limits the value of testing in detecting asymptomatic infections. At this point, it was well accepted in the scientific community that asymptomatic persons were transmitting COVID-19.⁷

Was exposure to COVID-19 in health care setting an occupational hazard for employees?

Health care staff were at risk of occupational acquired COVID-19 through exposure to infected patients and other health care staff. The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) consequently prioritized health care workers for vaccination.⁸ More than 3,600 health care workers died of COVID-19 in the first year of the pandemic.⁹ The prevalence of SARS-CoV-2 infection among healthcare workers was 11%

¹ Statista. Number of cumulative cases of COVID-19 in the United States from January 20, 2020 to November 11, 2022, by week. https://www.statista.com/statistics/1103185/cumulative-coronavirus-covid19-cases-number-us-by-day/accessed 3/22/2023

² American Hospital Association. COVID-19 Snapshot Challenges Confronting America's Hospitals and Health Systems (September 9, 2021). https://www.aha.org/system/files/media/file/2021/09/snapshot-9-9-21.pdf accessed 3/22/2023

³ CNN. The latest on the Covid-19 pandemic in the US. https://www.cnn.com/us/live-news/coronavirus-pandemic-vaccine-updates-09-20-21/index.html accessed 3/22/2023

⁴ Centers for Disease Control and Prevention. 1918 Pandemic (H1N1 virus). https://www.cdc.gov/flu/pandemic-resources/1918-pandemic-h1n1.html access 3/22/2023

⁵ Centers for Disease Control and Prevention. People with Certain Medial Conditions. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html accessed 3/22/2023

⁶ Don Bambino Geno Tai, Irene G. Sia, Chyke A. Doubeni, Mark L. Wieland. Disproportionate Impact of COVID-19 on Racial and Ethnic Minority Groups in the United States: a 2021 Update. J Racial Ethn Health Disparities. 2022; 9(6): 2334–2339.

⁷ Michael Johansson, Talia quandelacy, Sarah Kada et al. SARS-CoV-2 Transmission From People Without COVID-19 Symptoms. JAMA Netw Open. 2021;4(1):e2035057.

Bell BP, Romero JR, Lee GM. Scientific and ethical principles underlying recommendations from the advisory committee on immunization practices for COVID-19 vaccination implementation. *JAMA*. 2020; 324: 2025-2026
 KHN. 12 Months of Trauma: More Than 3,600 US Health Workers Died in Covid's First Year. https://khn.org/news/article/us-health-workers-deaths-covid-lost-on-the-frontline/ accessed 3/25/23

in 2020, noticeably higher than in the general population. ¹⁰ Also in 2020, health care workers with direct patient care had 4 times this risk of contracting COVID-19 compared with health care workers without direct patient care. ¹¹ In a large health care system of about 30,000 employees between June 1 to December 31, 2020, 2,357 employees were involved in occupational COVID-19 exposures; 1,128 (48%) were exposed to patients and 1,229 (52%) to other employees. ¹²

COVID-19 had a tremendous impact on health care systems, patient access to care and quality of care. As COVID-19 spread across the country in waves, disproportionately impacting some communities and then moving on to others, health care systems struggled to keep up with patient demand. Health care capacity in the United States is generally designed to meet demand, often with rural health care facilities below community needs. As a consequence, the health care system was not well prepared for the surge on health care needs that resulted from COVID-19. The impact of COVID-19 on health care facilities was further strained by COVID-19 illness and death among health care workers and worker burn out. Health care systems attempted to respond by establishing surge capacity, including portable morgues in hospitals for COVID-19 deaths. Additionally, health care providers and facilities delayed routine and non-emergency procedures to free up capacity to address heath care needs related to COVID-19. The consequence was reduced access to care for patients and, in some cases, reductions in quality of care with increases in many diseases which were not diagnosed during routine care visits. For example, there were substantial drops in immunization coverage among children as routine visits were either virtual (not allowing for vaccination) or missed altogether. A study from Michigan indicated that among children aged 5 months, up-to-date vaccination status for all recommended vaccines declined from approximately two thirds of children during 2016–2019 to fewer than half in May 2020. 13 The long-term impact of rationing health care as a result of the COVID-19 pandemic will take many years to fully characterize.

Why were health care personnel a high priority group (#1a) when vaccines had limited availability?

The Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control and Prevention (CDC) determined that health care personnel were the first priority for COVID-19 vaccine when it was available:

Phase 1a. Health care personnel (HCP) are being considered for phase 1a, which includes the first available doses and an extremely constrained supply. HCP are defined as all paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials, comprising an estimated 20 million people. Examples include hospital, long-term care and assisted living, home health care, and

¹⁰ Sergio Alejandro Gómez-Ochoa et al. COVID-19 in Healthcare Workers: A Living Systematic Review and Metaanalysis of Prevalence, Risk Factors, Clinical Characteristics, and Outcomes. Am J Epidemiol. 2020 Sep 1.

¹¹ Jonne Sikkens, David Buis, Edgar Peters et al. Serologic Surveillance and Phylogenetic Analysis of SARS-CoV-2 Infection Among Hospital Health Care Workers. JAMA Netw Open. 2021;4(7):e2118554.

¹² Jessica Ibiebele, Christina Silkaitis, Gina Dolgin et al. Occupational COVID-19 exposures and secondary cases among healthcare personnel. <u>Am J Infect Control</u>. 2021 Oct; 49(10): 1334–1336.

¹³ Centers for Disease Control and Prevention. Decline in Child Vaccination Coverage During the COVID-19 Pandemic — Michigan Care Improvement Registry, May 2016–May 2020. MMWR. May 22, 2020 / 69(20);630–631.

outpatient facility staff, as well as pharmacies and emergency medical services. HCP are essential for the ongoing COVID-19 response and are at high risk for exposure to SARS-CoV-2.¹⁴

Health care personnel were the first priority for initial availability of COVID-19 vaccines for several reasons:

- 1) Health care personnel were at increased risk of contracting and transmitting COVID-19 because of their occupation exposure to COVID-19 cases;
- 2) Health care personnel were in regular contact with persons at increased risk of serious complications and death from COVID-19, including persons who were immunocompromised, had other comorbidities, and/or were elderly;
- 3) Health care facilities were often at or beyond capacity caring for persons with COVID-19 as well as other healthcare needs. As essential personnel, reducing the risk of health care personnel for contracting COVID-19 resulting in missed time from work and potentially morbidity and mortality was a local, state and national priority in order to maintain health care capacity; and
- 4) Given the sacrifice health care personnel were making to care for COVID-19 infected persons in addition to persons requiring other health care needs, it was equitable for health care personnel to receive all means available to protect themselves from COVID-19.

Safety and Efficacy of COVID-19 Vaccines

What was the efficacy of vaccines available as of September 2021?

The most accurate estimates of the efficacy of COVID-19 vaccines as of September 2021 were based on the information available from the phase 3 clinical trials that were consider by the Food and Drug Administration (FDA) and its Vaccines and Related Biological Product Advisory Committee (VRBPAC) which were made available to the public. At the time, there were three vaccines available through Emergency Use Authorization.

The Moderna COVID-19 vaccine (mRNA-1273) was authorized for use to prevent COVID-19 caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The Phase 3 randomized, double-blinded and placebo-controlled trial of mRNA-1273 included approximately 30,400 participants. The primary efficacy endpoint was the reduction of incidence of COVID-19 among participants without evidence of SARS-CoV-2 infection before the first dose of vaccine. Efficacy in preventing confirmed COVID-19 occurring at least 14 days after the second dose of vaccine was 94.5.0% (95% CI 86.5%, 97.8%). Subgroup analyses showed similar efficacy across age groups, genders, racial and ethnic groups, and participants with medical comorbidities associated with high risk of severe COVID-19.¹⁵

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Bell BP, Romero JR, Lee GM. Scientific and ethical principles underlying recommendations from the advisory committee on immunization practices for COVID-19 vaccination implementation. *JAMA*. 2020; 324: 2025-2026
 Vaccines and Related Biological Products Advisory Committee Meeting. December 17, 2020. FDA Briefing Document. Moderna COVID-19 Vaccine. https://www.fda.gov/media/144434/download Accessed 03/26/23

The Pfizer and BioNTech COVID-19 vaccine (BNT162b2) was authorized for use to prevent COVID-19 caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The Phase 3 randomized, double-blinded and placebo-controlled trial of BNT162b2 included approximately 44,000 participants. The primary efficacy endpoint was incidence of COVID-19 among participants without evidence of SARS-CoV-2 infection before or during the 2-dose vaccination regimen. Efficacy in preventing confirmed COVID-19 occurring at least 7 days after the second dose of vaccine was 95.0%. Subgroup analyses showed similar efficacy across age groups, genders, racial and ethnic groups, and participants with medical comorbidities associated with high risk of severe COVID-19.¹⁶

Janssen Biotech COVID-19 vaccine (Ad26.COV2.S) was authorized for use to prevent COVID-19 caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The Phase 3 randomized, double-blind and placebo-controlled trial of Ad26.COV2.S included approximately 40,000 participants. Vaccine efficacy against central laboratory-confirmed moderate to severe/critical COVID-19 was 66.9% (95% CI 59.0, 73.4) when considering cases occurring at least 14 days after the single-dose vaccination. Subgroup analyses showed similar efficacy across age groups, genders, racial and ethnic groups, and participants with medical comorbidities associated with high risk of severe COVID-19.¹⁷

Using real world data among frontline workers between December 14, 2020–August 14, 2021 (Delta Wave), full vaccination with COVID-19 vaccines was 80% effective in preventing COVID-19 ¹⁸

As of September 2021, were unvaccinated persons at an increased risk of contracting COVID and transmitting it to others who could not be vaccinated because of medical contraindications, were too young to be vaccinated or for whom the vaccine was not effective?

Based on the demonstrated efficacy of the Moderna, Pfizer and J&J COVID-19 vaccines in preventing disease^{15,16,17} and reducing transmission to others (both by reducing the risk of infection and reducing the viral load if a breakthrough infection)^{19,20}, unvaccinated persons were at increased risk of contracting COVID-19 and transmitting to others who could not be vaccinated because of medical contraindications, were too young to be vaccinated or for whom the vaccine was not

¹⁶ Vaccines and Related Biological Products Advisory Committee Meeting. December 10, 2020. FDA Briefing Document. Pfizer-BioNTech COVID-19 Vaccine. https://www.fda.gov/media/144245/download Accessed 03/26/23.

¹⁷ Vaccines and Related Biological Products Advisory Committee Meeting February 26, 2021 FDA Briefing Document: Janssen Ad26.COV2.S Vaccine for the Prevention of COVID-19. https://www.fda.gov/media/146217/download. Accessed 03/26/23

¹⁸ Centers for Disease Control and Prevention. Effectiveness of COVID-19 Vaccines in Preventing SARS-CoV-2 Infection Among Frontline Workers Before and During B.1.617.2 (Delta) Variant Predominance — Eight U.S. Locations, December 2020–August 2021. MMWR. August 27, 2021 / 70(34);1167-1169.

¹⁹ David W Eyre, Donald Taylor, Mark Purver, David Chapman, Tom Fowler, Koen B Pouwels, A Sarah Walker, Tim EA Peto The impact of SARS-CoV-2 vaccination on Alpha & Delta variant transmission. https://doi.org/10.1101/2021.09.28.21264260

²⁰ Marc Shamier, Alma Tostmann Susanne Bogers et al. Virological characteristics of SARS-CoV-2 vaccine breakthrough infections in health care workers. Medriv. Aug 21, 2021. https://www.medrxiv.org/content/10.1101/2021.08.20.21262158v1

effective (as well at persons who were unvaccinated because they did not have access to the vaccines or decided to forgo vaccination).

As of September 2021, did the science indicate that "natural immunity" was as effective as vaccination?

Several studies were available at that time that indicated an immune response to COVID-19 that lasted for at least a short time, ^{21, 22,23} reduces the risk of reinfection, ²⁴ and infections provided some level of protection among Rhesus monkeys.²⁵ However, good correlates of protection were not available. A correlate of protection is an "empirically defined, quantifiable immune parameters that determine the attainment of protection against a given pathogen". ²⁶ In other words, it was not known what sort or how strong an immune response was necessary to protect from COVID-19, including but not limited to new variants that might emerge. So, it was measured that natural infection resulted in an immune response which lasted at least for months, it was not known if that immune response protected from COVID-19. Additionally, while there was some indication that infection reduces the risk of reinfection, there was not a good measure of how much it reduced reinfection nor for how long. A CDC study available in August of 2021 indicated that among previously infected persons, reinfection was about twice as high if not being fully vaccinated, leading CDC to recommend "To reduce their likelihood for future infection, all eligible persons should be offered COVID-19 vaccine, even those with previous SARS-CoV-2 infection."²⁷ Natural immunity also comes as the potential for morbidity and mortality from COVID-19. Monitoring of healthy individuals for more than 35 years had shown that reinfection with the same seasonal coronavirus occurred frequently²⁸ and protection from seasonal coronavirus infections are short lived.²⁹

Justification for mandatory Covid vaccine policy by health care institutions

As of September 2021, did Covid-19 pose a direct threat to patients and staff in health care facilities?

²¹ Staines HM, Kirwan DE, Clark DJ, et al. IgG seroconversion and pathophysiology in severe acute respiratory syndrome coronavirus 2 infection. Emerg Infect Dis. 2021 Jan;27.

²² Wajnberg A, Amanat F, Firpo A, et al. Robust neutralizing antibodies to SARS-CoV-2 infection persist for months. Science. 2020 Dec;370(6521):1227-1230.

²³ Dan JM, Mateus J, Kato Y, et al. Immunological memory to SARS-CoV-2 assessed for up to 8 months after infection. Science. 2021 Feb 5;371(6529):eabf4063.

²⁴ Gallais F, Gantner P, Bruel T, et al. Anti-SARS-CoV-2 Antibodies Persist for up to 13 Months and Reduce Risk of Reinfection. medRxiv. 2021.

 ²⁵ Bao L, Deng W, Gao H, et al. Lack of Reinfection in Rhesus Macaques Infected with SARS-CoV-2. bioRxiv. 2020.
 ²⁶ Altmann DM, Douek DC, Boyton RJ. What policy makers need to know about COVID-19 protective immunity. The

Lancet. 2020 May;395(10236):1527–1529.

²⁷ Centers for Disease Control and Prevention. Reduced Risk of Reinfection with SARS-CoV-2 After COVID-19

Vaccination — Kentucky, May–June 2021. MMWR. August 13, 2021 / 70(32);1081-1083. ²⁸ Om E, Byrne P, Walsh KA, et al. Immune response following infection with SARS-CoV-2 and other coronaviruses: A rapid review. Rev Med Virol. 2021 Mar;31(2):e2162.

²⁹ Edridge AWD, Kaczorowska J, Hoste ACR, et al. Seasonal coronavirus protective immunity is short-lasting. Nat Med. 2020 Nov;26(11):1691–1693.

As of September 2021, COVID-19 posed a direct threat to patients and staff in health care facilities. Health care facilities around the country and the world were being overwhelmed by COVID-19. As previously described, health care staff were disproportionately impacted by COVID-19. Additionally, patients in health care facilities were at substantial risk of exposure and infection with COVID-19 despite precautionary measures that were taken to reduce the risk of transmission in health care settings. Often, patients in health care settings were at increased risk of severe COVID-19 because of underlying health conditions and age.

As of September 2021, were mandatory COVID-19 vaccine policies a critical protective action for health care institutions to protect patients and staff?

As of September 2021, mandatory COVID-19 vaccine policies were a critical protective action for health care institutions to protect patients and staff for the following reasons:

- 1. COVID-19 posed a substantial threat to patients and staff in health care institutions (previously described);
- 2. COVID-19 vaccines provided a high level of protection against contracting COVID-19 and reducing transmission of COVID-19 (previously described); and
- 3. Mandatory vaccination policies for influenza vaccines in health care settings have been demonstrated to be necessary to achieve high levels of vaccine coverage (voluntary policies even coupled with free access to vaccines and education did not achieve very high levels of vaccine coverage).

Did anticipation of the upcoming flu season justify rollout of mandatory COVID- 19 vaccine policy in as of September 2021?

In 2020 we wrote a commentary in the Journal of the American Medical Association (JAMA) warning of the potential dangers of COVID-19 and influenza: The Dual Epidemics of COVID-19 and Influenza - Vaccine Acceptance, Coverage, and Mandates.³⁰ Both **influenza and COVID-19** are unpredictable viruses with the potential to mutate, cause similar symptoms, strain the health care system, are often transmitted in a health care setting (particularly to high risk patients), and are preventable by vaccination. As we stated in this article:

The health system, and wider society, must prepare for the likelihood of co-epidemics of COVID-19 and influenza... The nation's goal should be to attain high influenza vaccine coverage, including near-universal coverage among health care personnel and other high-risk groups for COVID-19... The CDC prioritizes high-risk groups and their contacts/caregivers for influenza vaccinations. Health care personnel are exposed to pathogens that can be transmitted to and from patients, even if staff are not directly involved in patient care. In 2018-2019, vaccine coverage among health care personnel reached 81.1%, similar to previous seasons (77.3%-79.0%). Given the heightened importance of health care worker

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³⁰ Lawrence Gostin and Daniel A Salmon. The Dual Epidemics of COVID-19 and InfluenzaVaccine Acceptance, Coverage, and Mandates JAMA. 2020;324(4):335-336.

and patient safety during the co-epidemics of COVID-19 and influenza, higher vaccine coverage should be a national priority... Given the high risks, health workers would gain high priority for COVID-19 vaccination. Strong incentives should be in place, including laws requiring health facilities to routinely offer both influenza and COIVID-19 vaccines.

Fortunately, 2020-21 was a mild influenza season in the United States and globally most likely because of social distancing, masks and other control measures for COVID-19. However, many of these measures were being relaxed in 2021 and there were widespread concerns that 2021-22 would be a particularly bad influenza season. Additionally, a mild 2019-20 influenza season meant that more people would be susceptible to influenza in the 2020-21 influenza season as influenza in the previous season can sometimes provide protection in the current year (depending on the strains of influenza that are circulating).

Mandatory influenza vaccine policies are very important for healthcare institutions and directly relate to mandatory COVID-19 vaccine policies. Exposure to influenza in health care settings is an occupational hazard. Asymptomatic and health care workers who come to work ill (including the day before symptoms become apparent and the person is infectious) can transmit influenza to patients. Likewise, patients may be asymptomatic and transmitting influenza, including to unvaccinated healthcare workers and other patients. There are a broad range of strategies to reduce the risk of influenza among health care workers and protect patients who come into contact with such personnel. Strategies to reduce the risk of influenza in healthcare institutions include offering education and free, on-site vaccination, implementation of hand and respiratory hygiene and cough etiquette, screening and isolation of healthcare workers and patients with acute respiratory infections, and other prevention measures.³¹

Influenza vaccination is the most effective strategy to protect healthcare workers from contracting influenza and transmitting it to their patients. Vaccination of healthcare workers has been shown to be very effective, with minimal adverse effects, and shown to reduce patient mortality. ³² Despite considerable efforts at the Federal level and among states, with strong support from medical associations, influenza vaccination coverage among healthcare workers remains suboptimal.

Many healthcare institutions require influenza vaccination among their workers to protect their employees and the patients they care for. The Society for Healthcare Epidemiology of America (SHEA) strongly endorses mandatory vaccination of healthcare workers to protect against influenza, as can be seen in their most recent policy position on this topic:

SHEA views influenza vaccination of HCP as a *core patient and HCP safety practice* with which noncompliance should not be tolerated. It is the professional and ethical responsibility of HCP and the institutions within which they work to prevent the spread of infectious pathogens to their patients through evidence-based infection prevention practices, including influenza vaccination. *Therefore, for the safety of both patients and*

³¹ CDC. Prevention Strategies for Seasonal Influenza in Healthcare Settings. [cited 2011 17 November]; Available from: http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm. accessed 04/02/23.

³² Burls A, Jordan R, Barton P et al. Vaccinating healthcare workers against influenza to protect the vulnerable – is it. A good use of healthcare resources? A systematic review of the evidence and an economic evaluation. Vaccine. 2006. May 8; 24(19): 4212-21.

HCP, SHEA endorses a policy in which annual influenza vaccination is a condition of both initial and continued HCP employment and/or professional privileges. ³³

Many professional medical and public health associations also support mandatory influenza vaccination of healthcare workers, including the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Physicians, the American Hospital Association, the American Medical Directors Association, the American Nurses Association, the American Public Health Association, the Association for Professionals in Infection Control and Epidemiology, the Infectious Disease Society of America, the National Association of County and City Health Officials, National Patient Safety Foundation, and others.³⁴

This experience with influenza vaccine mandates in health care settings is directly applicable to COVID-19 mandates in health care settings. As with influenza, COVID-19 exposure in health care settings is an occupational hazard. Asymptomatic and health care workers who come to work ill (including the day before symptoms become apparent and the person is infectious) can transmit COVID-19 to patients. Likewise, patients may be asymptomatic and transmitting COVID-19, including to unvaccinated healthcare workers and other patients. Voluntary programs for COVID-19 vaccine even coupled with access and education, as is the case with influenza, were unlikely to adequately in reaching very high levels of vaccine coverage necessary for protecting health care workers and patients. For example, we conducted a survey in late 2020 before the vaccines were available at SUNY Upstate Medical University in Syracuse, NY, the only academic medical center in Central New York and the region's largest employer with 9,565 employees. 35 We found that 57.5% of individuals expressed intent to receive COVID-19 vaccine, including 80.4% of physicians and scientists. Nearly half or more of nurses, Master's level clinicians, allied health professionals, and ancillary service personnel were not sure whether the vaccine will work and protect them from COVID-19; slightly lower but similar levels of uncertainty were expressed by the same groups about vaccine safety, and nearly a third of each group was unsure whether they would take a vaccine for COVID-19 if offered for free. The attitudes and concerns of nurses were very similar to those of the general public at the time. We conducted a follow-up survey in this health care system between 21 February and 19 March 2021 and found that 87.7% of respondents had already received a COVID-19 vaccine or planned to get vaccinated. ³⁶ Physicians and scientists showed the highest acceptance rate (97.3%), whereas staff in ancillary services showed the lowest acceptance rate (79.9%). These levels of COVID-19 vaccine coverage are too low, leading New

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³³ Revised SHEA position paper: influenza vaccination of healthcare personnel. Infection Control and Hospital Epidemiology. Oct 2010. 31(10); 987-995.

³⁴ See https://www.immunize.org/honor-roll/influenza-mandates/ for list of these organizations that have policy positions supporting mandatory influenza vaccination for healthcare workers, including links to these policy statements. Accessed 04/02/20.

³⁵ Jana Shaw, Telisa Steward, Kathryn Anderson, Samantha Hanley, Stephen Thomas, Daniel Salmon, Christopher Morley. Assessment of U.S. health care personnel (HCP) attitudes towards COVID-19 vaccination in a large university health care system. Clin Infect Dis. 2021 Jan 25.

³⁶ Jana Shaw, Samantha Hanley, Telisa Steward, Daniel Salmon, Christin Ortiz, Paula Trief, Elizabeth Reddy, Christopher Morley, Stephen Thomas, Kathryn Anderson. Healthcare Personnel (HCP) Attitudes About Coronavirus Disease 2019 (COVID-19) Vaccination After Emergency Use Authorization. Clin Infect Dis. 2022 Aug 24;75(1):e814-e821.

York to require vaccination of healthcare workers in September of 2021 and experiencing a 10% increase in vaccine coverage within a week.³⁷

Many health care systems were finding voluntary programs for COVID-19 vaccination in health care settings to be insufficient and were thus turning to mandatory programs. According to the COVID States Project, as of July, 2021, 27% of healthcare workers were unvaccinated and 15% were vaccine resistant, leading the authors to conclude that "absent mandates, most of the currently unvaccinated health care workers will remain unvaccinated, potentially fueling outbreaks in health care facilities." A joint statement by nearly 88 major medical organizations and associations called for mandatory vaccination of healthcare workers, including the American Hospital Association, the American Medical Association, the American College of Physicians, the American Academy of Family Physicians, and the American Public Health Association (see below). In August, 2021, the Department of Veterans Affairs announced that all employees and staff at VA facilities had to be vaccinated for COVID-19. On September 9, 2021, President Biden announced a requirement for all health care workers working in a settings that receive Medicare or Medicaid reimbursement to receive COVID-19 vaccines.

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³⁷ Forbes. Covid-19 Vaccine Mandates Are Working—Here's The Proof https://www.forbes.com/sites/tommybeer/2021/10/04/covid-19-vaccine-mandates-are-working-heres-the-proof/?sh=8555e4b23058 accessed 03/30/23

³⁸ Lazer David, et al. The COVID States Project #62: COVID-19 vaccine attitudes among healthcare workers. The COVID States Project. Aug 18, 2021

³⁹ Joint Statement in Support of COVID-19 Vaccine Mandates for All Workers in Health and Long-Term Care. https://assets.acponline.org/acp_policy/statements/joint_statement_covid_vaccine_mandate_2021.pdf accessed 03/30/23

⁴⁰ US Department of Veteran Affairs. VA mandates COVID-19 vaccines among its medical employees including VHA facilities staff. https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5696 accessed 03/30/23

⁴¹ The White House. Remarks by President Biden on Fighting the COVID-19 Pandemic https://www.whitehouse.gov/briefing-room/speeches-remarks/2021/09/09/remarks-by-president-biden-on-fighting-the-covid-19-pandemic-3/ accessed 03/30/23

Joint Statement in Support of COVID-19 Vaccine Mandates for All Workers in Health and Long-Term Care

Due to the recent COVID-19 surge and the availability of safe and effective vaccines, our health care organizations and societies advocate that all health care and long-term care employers require their workers to receive the COVID-19 vaccine. This is the logical fulfillment of the ethical commitment of all health care workers to put patients as well as residents of long-term care facilities first and take all steps necessary to ensure their health and well-being.

Because of highly contagious variants, including the Delta variant, and significant numbers of unvaccinated people, COVID-19 cases, hospitalizations and deaths are once again rising throughout the United States. 1 Vaccination is the primary way to put the pandemic behind us and avoid the return of stringent public health measures.

Unfortunately, many health care and long-term care personnel remain unvaccinated. As we move towards full FDA approval of the currently available vaccines, all health care workers should get vaccinated for their own health, and to protect their colleagues, families, residents of long-term care facilities and patients. This is especially necessary to protect those who are vulnerable, including unvaccinated children and the immunocompromised. Indeed, this is why many health care and long-term care organizations already require vaccinations for influenza, hepatitis B, and pertussis.

We call for all health care and long-term care employers to require their employees to be vaccinated against COVID-19.

We stand with the growing number of experts and institutions that support the requirement for universal vaccination of health workers. $^{2,3}\,\mbox{While}$ we recognize some workers cannot be vaccinated because of identified medical reasons and should be exempted from a mandate, they constitute a small minority of all workers. Employers should consider any applicable state laws on a case-by-case basis.

Existing COVID-19 vaccine mandates have proven effective. 4,5 Simultaneously, we recognize the historical mistrust of health care institutions, including among many in our own health care workforce. We must continue to address workers' concerns, engage with marginalized populations, and work with trusted messengers to improve vaccine acceptance.

As the health care community leads the way in requiring vaccines for our employees, we hope all other employers across the country will follow our lead and implement effective policies to encourage vaccination. The health and safety of U.S. workers, families, communities, and the nation

Academy of Managed Care Pharmacy (AMCP) American Academy of Ambulatory Care Nursing (AAACN)

American Academy of Allergy, Asthma & Immunology (AAAAI)

American Academy of Child and Adolescent Psychiatry (AACAP)

American Academy of Emergency Medicine (AAEM)

American Academy of Family Physicians (AAFP) American Academy of Nursing (AAN) American Academy of Ophthalmology (AAO) American Academy of PAs (AAPA) American Academy of Pediatrics (AAP) American Association for Respiratory Care

(AARC) American Association of Clinical Endocrinology (AACE)

American Association of Colleges of Pharmacy (AACP)

American Association of Neuroscience Nurses (AANN)

American College of Allergy, Asthma and Immunology (ACAAI)

American College of Clinical Engineering (ACCE) American College of Clinical Pharmacy (ACCP) American College of Emergency Physicians (ACEP)

American College of Gastroenterology (ACG) American College of Medical Genetics and Genomics (ACMG)

American College of Medical Toxicology (ACMT) American College of Mohs Surgery (ACMS) American College of Osteopathic Family Physicians (ACOFP)

American College of Physicians (ACP) American College of Preventive Medicine

American College of Surgeons (ACS)

SIGNATORIES (Listed Alphabetically) American Epilepsy Society (AES) American Geriatrics Society (AGS)

American Medical Association (AMA) American Medical Women's Association (AMWA)

American Nurses Association (ANA) American Occupational Therapy Association (AOTA)

American Osteopathic Association (AOA) American Pharmacists Association (APhA) American Psychiatric Association (APA) American Psychological Association (APA)

American Public Health Association (APHA) American Society for Clinical Pathology (ASCP) American Society for Radiation Oncology (ASTRO)

American Society for Transplantation and Cellular Therapy (ASTCT)

American Society of Health-System Pharmacists (ASHP)

American Society of Hematology (ASH) American Society of Nephrology (ASN) American Thoracic Society (ATS)

Association for Clinical Oncology (ASCO) Association for Professionals in Infection Control and Epidemiology (APIC)

Association of Academic Health Centers (AAHC) Association of American Medical Colleges (AAMC) Association of Pediatric Hematology/Oncology Nurses (APHON)

Association of Rehabilitation Nurses (ARN) Connecticut Nurses Association (CNA) Council of Medical Specialty Societies (CMSS) Delaware Nurses Association (DNA) Emergency Medicine Residents' Association

(EMRA) Hematology/Oncology Pharmacy Association

(HOPA)

HIV Medicine Association Illinois Pharmacists Association (IPhA) Infectious Diseases Society of America (IDSA) LeadingAge

Medical Society of Virginia (MSV) Missouri State Medical Association (MSMA)

National Association of Indian Nurses of America (NAINA)

National Association of Pediatric Nurse Practitioners (NAPNAP)

National Council of Asian Pacific Islander Physicians (NCAPIP)

National Council of State Boards of Nursing (NCSBN) National Hispanic Medical Association (NHMA)

National League for Nursing (NLN) National Medical Association (NMA)

National Pharmaceutical Association (NPhA) New Hampshire Nurses Association (NHNA)

New Mexico Medical Society (NMMS)

Nurses Who Vaccinate (NWV) Organization for Associate Degree Nursing (OADN)

Pediatric Infectious Diseases Society (PIDS)

Philippine Nurses Association of America, Inc (PNAA) Society of Gynecologic Oncology (SGO)

Society for Healthcare Epidemiology of America (SHEA)

Society of Hospital Medicine (SHM) Society for Immunotherapy of Cancer (SITC)

Society of Infectious Diseases Pharmacists (SIDP) Society of Interventional Radiology (SIR)

Society of Nuclear Medicine & Molecular Imaging (SNMMI)

South Carolina Nurses Association (SCNA) Texas Nurses Association (TNA)

The John A. Hartford Foundation Transcultural Nursing Society (TCNS)

Virgin Islands State Nurses Association (VISNA) Wound, Ostomy, and Continence Nurses Society (WOCN)

- Centers for Disease Control and Prevention. Covid Data Tracker Weekly Review. July 16, 2021. https://www.cdc.gov/coronavirus/2019-ncov/ covid-data/covidview/index.html [Accessed 22 July 2021].
- Weber, D., Al-Tawfiq, J., Babcock, H., Bryant, K., Drees, M., Elshaboury, R., et al. (2021). Multisociety Statement on COVID-19 Vaccination as a Condition of Employment for Healthcare Personnel. Infection Control & Hospital Epidemiology, 1-46. doi:10.1017/ice.2021.322
- American Hospital Association. AHA Policy Statement on Mandatory COVID-19 Vaccination of Health Care Personnel. July 21, 2021. https://www.aha.org/public-comments/2021-07-21-aha-policy-statement-mandatory-covid-19-vaccination-health-care
- Bacon J. 'Condition of employment': Hospitals in DC, across the nation follow Houston Methodist in requiring vaccination for workers. USA Today. Available from: https://www.aha.org/public-comments/2021-07-21-aha-policy-statement-mandatory-covid-19-vaccination-health-care [Accessed 22 July 2021].
- Paulin E. More Nursing Homes Are Requiring Staff COVID-19 Vaccinations. AARP. Available from: https://www.aarp.org/caregiving/health/info-2021/nursing-homes-covid-vaccine-mandate.html [Accessed 22 July 2021].

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Did mandatory COVID-19 vaccine policies pose risk that health care workers would choose to leave job rather than get vaccinated?

There was the potential that some health care workers would choose to leave their job rather than get vaccinated. Undoubtedly, some health care workers did leave their job when COVID-19 vaccines were required. Some of this risk of health care workers leaving their jobs because of COVID-19 mandates could be mitigated by making vaccine readily available free of charge and through vaccine education. New York state's COVID-19 vaccine mandate resulted in about 34,000 health workers losing jobs or being placed on leave, reflecting a reduction of 3.5% of the workforce. A COVID-19 mandate for health care workers in Colorado resulted in 1.8% of health care workers leaving or losing their jobs because of a COVID-19 mandate.

How did mandatory COVID-19 vaccine policies impact vaccine hesitancy?

Mandatory COVID-19 policies likely had a mixed impact on vaccine hesitancy. For those who strongly held views against vaccination, mandatory policies likely further solidified those beliefs. The vast majority of people in favor of vaccination would likely be vaccinated absent such policies, particularly as COVID-19 vaccines were free and readily available. For those in the middle, often referred to as "fence sitters", mandatory COVID-19 vaccines would likely push some towards the decision to vaccinate. Additionally, mandatory COVID-19 vaccine policies also create a social norm to vaccinate, having a broader indirect impact on vaccine acceptance.

What was the impact of medical and religious exemption requests on health care institutions?

What were the clinical contraindications to receiving the COVID vaccine?

There are two contraindications for COVID-19 vaccines: 1) History of a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine; or 2) History of a known diagnosed allergy to a component of the COVID-19 vaccine.⁴⁴

How did non-medical vaccine exemption requests impact the efficacy of vaccine requirements and patient safety?

Unvaccinated persons (those with non-medical exemptions) are at increased risk of contracting disease and transmitting disease to others who cannot be vaccinated (because of medical contraindications), are too young to be vaccinated, or who are vaccinated but the vaccine did not work for them (no vaccine is 100% effective). The impact of non-medical exemptions has been extensively studied among children for pertussis and measles, through the epidemiological

⁴² lohud. Remarks by President Biden on Fighting the COVID-19 Pandemic. https://www.lohud.com/story/news/coronavirus/2021/10/14/how-many-health-workers-lost-jobs-due-ny-vaccine-mandate/8449413002/ accessed 03/30/23

 ⁴³ The Colorado Sun. Did Colorado's COVID vaccine mandate for health care workers hurt hospital staffing? It's complicated. https://coloradosun.com/2021/11/17/health-care-worker-vaccination-mandate-staffing/ accessed 03/30/23
 ⁴⁴ Centers for Disease Control and Prevention. https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#covid-vaccines accessed 03/30/23

principles apply to influenza vaccine and non-medical exemptions among healthcare workers. Children who have non-medical exemptions are 22-35 times more likely to contract measles and 6 times more likely to contract pertussis than vaccinated children. In addition to this individual risk, exempt persons also increase the risk to others. Studies we have conducted demonstrate that communities with higher rates of non-medical exemptions are at increased risk of pertussis outbreaks. 45,46,47 We also found that states that had easier non-medical exemptions processes for granting exemptions had higher rates of non-medical exemptions and higher rates of pertussis. 48,49 Measles also highlights the community risks of vaccine refusal. Measles has been eliminated in the United States because of sustained high coverage of a very safe and effective vaccine. However, there are communities in the United States with high rates of vaccine refusal and measles is still circulating in many parts of the world. As a result, measles is introduced into these communities with high rates of vaccine refusal – clustered socially or geographically – resulting in outbreaks of measles.

An outbreak originating in Disneyland in 2015 caught the most national attention though there have been similar outbreaks in the Somali community in Minnesota and orthodox Jewish community in New York. As a result, the United States almost lost its "elimination status" in 2009, the same year that the World Health Organization declared vaccine hesitancy a top 10 global health threat. Several states (California, New York, Maine and Washington) have consequently eliminated their non-medical exemptions (Washington only eliminated non-medical exemptions for the MMR vaccine). There was recently a case of paralytic polio in the same orthodox Jewish community in New York which had the measles outbreak. This single case of polio indicates there are likely thousands of cases of asymptomatic polio in the community given the often asymptomatic nature of polio. Sewage samples testing positive for polio support this.

These studies have been focused on children because every state has laws requiring vaccination for school entry. These studies have focused on measles and pertussis because the epidemiology of the diseases makes them well suited for such studies. However, the findings from these studies are very generalizable to non-medical exemptions to COVID-19 vaccine requirements for healthcare workers given the nature of infectious diseases and the impact of unvaccinated persons with non-medical exemptions. In fact, the impact of non-medical exemptions for COVID-19 vaccine among

⁴⁵ Salmon DA, Haber M, Gangarosa EJ, Phillips L, Smith N, Chen RT. Health consequences of religious and philosophical exemptions from immunization laws: individual and societal risks of measles. JAMA. 1999 July 7; 282(1): 47-53.

⁴⁶ Feikin DR, Lezotte DC, Hamman RF, Salmon DA, Chen RT, Hoffman RE. Individual and community risks of measles and pertussis associated with personal exemptions to immunizations. JAMA. 2000 Dec. 27; 284(24): 3145-3150.

⁴⁷ Atwell JE, Van Otterloo J, Zipprich J, Winter K, Harriman K, Salmon DA, Halsey NA, Omer SB. Nonmedical vaccine exemptions and pertussis in California, 2010. Pediatrics. 2013 Oct;132(4):624-30.

⁴⁸ Rota JS, Salmon DA, Rodewald LE, Chen RT, Hibbs BF, Gangarosa EJ. Processes for obtaining nonmedical exemptions to state immunization laws. AJPH. April 2000; 91: 645-8.

⁴⁹ Omer SB, Pan WK, Halsey NA, Stokely S, Moulton LH, Navar AM, Salmon DA. Nonmedical Exemptions to School Immunization Requirements: Secular Trends and Association of State Policies with Pertussis Incidence. JAMA. 2006 Oct 11; 296(14):1757-63.

⁵⁰ Salmon DA, Dudley MZ*, Glanz JM, Omer SB. Vaccine hesitancy: Causes, consequences, and a call to action. Co-Published. Vaccine & Am J Prev Med. 2015 Nov 23; Suppl 4:D66-71.

⁵¹ Phadke VK. Bednarczyk RA, Salmon DA, Omer SB. Association between Vaccine Refusal and Vaccine Preventable Diseases in the United States: A Focus on Measles and Pertussis. JAMA. 2016 Mar; 315(11): 1149-58.

healthcare workers would be much higher than in the case with childhood vaccine because healthcare workers regularly come into contact with patients that are at high risk COVID-19 complications and death.

How did exemptions impact the operations of the health care institutions?

Exemptions to vaccine mandates had a substantial impact on the operations of the health care institutions. Health care institutions had to grant medical exemptions based upon valid medial contraindications (previously discussed). Health care institutions which granted religious exemptions needed to develop a process by which religious exemption requests would be submitted and criteria for granting or denying requests. As discussed, it has been shown that exemptions that are easily granted are associated with higher rates of exemptions and disease in the context of childhood vaccine requirements. Allowing all exemption requests to be granted would have likely resulted in a large number of exemptions, and, as previously described, a larger number of religious exemptions would result in a greater risk of COVID-19 disease transmission and outbreaks adversely impacting other health care staff, patients, and the capacity of the health care system to operate. One can reasonably conclude that such additional exemptions would be geographically clustered, increasing their impact, given COVID-19 vaccine hesitancy has been shown to geographically cluster and health care workers tend to live in the communities in which they work.

Did health care institutions have a responsibility to patients and staff to establish and implement a process for evaluating exemption requests rather than simply rubber-stamping requests?

Health care institutions had a responsibility to limit religious exemptions to those with sincerely held beliefs that precluded vaccination in order to protect their staff and patients. As previously described, individuals who are granted exemptions to immunization requirements are at increased risk of contracting and transmitting vaccine preventable diseases. The greater the number of religious exemptions the higher the risk of COVID-19 infections and transmission. Medical exemptions, based upon valid medical contraindications, are necessary and rare. Religious exemptions represent an effort to accommodate the religious views of those impacted by mandatory policies. However, granting too many exemptions can undermine the impact of the mandatory policy and lead to disease outbreaks. It is for this reason that several states have recently eliminated non-medical exemptions to school immunization requirements. Ensuring that sincerely held religious beliefs that prevent vaccination are granted exemptions but restricting exemptions to those with sincerely held religious beliefs limits the adverse impact of exemptions on outbreaks of disease while preserving this exemption option for those who with the sincerely held religious beliefs.

Do exemptions from a mandatory vaccination policy undermine an organization's ability to inhibit the spread of a serious communicable disease?

Exemptions from mandatory vaccination policy have the potential to undermine an organization's ability to inhibit the spread of a serious communication disease. Whether or not this potential is realized and the extent to which exemptions undermine the control of vaccine preventable

diseases depends on the frequency of exemptions and the extent to which they are geographically clustered.

How effective were alternative infection control strategies (masking, testing, social distancing) in health care institutions?

In addition to vaccination, alternative infection control strategies such as masking, testing and social distancing had an impact in health care institutions. However, each of these strategies had limitations and the most effective policy to control COVID-19 in health care settings was a compressive approach where strategies were combined or layered.

The use of masks in health care settings to prevent COVID-19 vaccine was based on what was known regarding mask wearing in health care settings to control influenza. Wearing a mask has a clear benefit in reducing the acquisition and transmission of influenza. Two studies have shown that surgical masks are similar to some types of respirators in protecting healthcare workers from acquiring influenza. 52,53 However, wearing a surgical mask when treating patients in lieu of mandatory vaccination is problematic for many reasons. First and foremost, surgical masks do not work as well as vaccination which is why the Centers for Disease Control and Prevention (CDC) considers influenza vaccination the first and best way to prevent influenza. Additionally, implementing a surgical mask policy in lieu of vaccination is problematic. A study of health care workers at 12 hospitals found that the SARS-CoV-2 test positivity rate among health care workers decreased from 14.7% to 11.5% during a 3-week period after implementation of universal masking.⁵⁴ Such a program requires oversight to ensure compliance. Doing so would be very difficult, particularly if only for employees who have forgone vaccination. The healthcare institution would need to know who has a non-medical exemption and then develop a program that would target them to make sure they consistently wear the mask. This would be a difficult and expensive program to implement and poor compliance would further enhance the risk of influenza acquisition and transmission.

Regular testing for COVID-19 allows for the identification of persons who have active disease. However, there are limitations to this approach. First, available COVID-19 tests are imperfect with the potential for both false positives and false negatives. Additionally, by September of 2021, it had been well established that people could transmit COVID-19 before becoming symptomatic and among asymptomatic cases. As a consequence, even daily COVID-19 testing would not identify people as soon as they became infectious. In the time between when a person first became infectious and when the test was taken there was risk that the person would infect others.

Social distancing also had the potential to reduce transmission of COVID-19 in health care settings. Most health care facilities attempted to isolate COVID-19 cases. However, staff often

⁵² Johnson DF, Druce JD, Birch C, Grayson ML. A quantitative assessment of the efficacy of surgical and N95 masks to filter influenza virus in patients with acute influenza infection. Clin Infect Dis 2009;49(2):275–277.

⁵³ Aiello AE, Murray GF, Perez V, et al. Mask use, hand hygiene, and seasonal influenza-like illness among young adults: a randomized intervention trial. J Infect Dis;201(4):491–498.

⁵⁴ Wang X, Ferro EG, Zhou G, et al. Association between universal masking in a health care system and SARS-CoV-2 positivity among health care workers. *JAMA*. 2020;324(7):703.

needed to work with both COVID-19 and other patients, allowing opportunities for transmission. Additionally, staff and patients may be asymptomatically transmitting COVID-19. Reducing the density of the population (distance between persons or less people permitted in a defined space) could also reduce COVID-19 transmission. However, this is very difficult to operationalize in a health care setting. Health care workers who work from home some of the time, even with limited interactions with patients and coworkers, can still contract and transmit of COVID-19 when in the health care setting.

Each of these approaches – vaccination, masks, testing, social distancing – all have the potential to reduce disease transmission but are all imperfect by themselves. While the vaccines were shown to have very high efficacy, they are imperfect and some people who are vaccinated will still contract and transmit disease. Similarly, but to a lesser extent, each of these other strategies have an impact. However, they are also imperfect. The most effective approach to reducing transmission of COVID-19 in a health care setting is to require all these approaches, thus layering protection.

Anti-vaccine movement's impact on mandatory vaccine policies

Was there an anti-vax movement that impacted COVID-19 vaccine hesitancy in 2021?

Anti-vaccine groups have existed as long as we have had vaccines, dating back to the Smallpox vaccine created by Edward Jenner in the late 18th century. Over time, the issues have evolved through many of the central arguments have remained the same. In the 1970's and 1980's, the antivaccine movement in the United States and many developed countries were focused on the whole cell pertussis vaccine. Japan, the UK and Sweden experiences substantial drops in vaccination coverage and resurgence of pertussis. In the 1990's, concerns raised that the MMR vaccine caused autism were championed by anti-vaccine groups and led to a major resurgence of measles across Europe with introductions of measles into the United States. In 2019, just before the COVID-19 pandemic, the World Health Organization declared vaccine hesitancy a top 10 global threat. While the issues have evolved, the underlying arguments of the anti-vaccine movement have been remarkably stable over time, as described by Wolfe and Sharpe⁵⁵:

19th century—Typical membership:

- 1. Those who feel smallpox vaccination is ineffective
- 2. Persons who believed their relatives had suffered injury or death due to vaccination
- 3. Persons opposed to compulsory vaccination as an infringement of basic human rights
- 4. Proponents of alternative medical practice and theory, especially homoeopaths. Herbalists, chiropractors, and hydropaths

20th century—Typical membership:

- 1. Those who feel that some or all vaccinations are ineffective or unsafe
- 2. Persons who believe their relatives had suffered injury or death due to vaccination
- 3. Persons opposed to compulsory vaccination as an infringement of basic human rights

⁵⁵ Robert Wolfe and Lisa Sharp, Anti-vaccinationists past and present. BMJ. 2002 Aug 24; 325(7361): 430–432.

4. Proponents of alternative medical practice and theory, such as homoeopathy, herbal therapy, and chiropractic

The anti-vaccine movement was extremely well positioned (and funded) when the COVID-19 pandemic struck. Anti-vaccine groups were able to build relationships with and expand their influence by persons and groups who perceived the public health and government response to COVID-19 was infringing on their personal freedoms. Mask wearing quickly became controversial as some people objected to being told to wear a mask. Social distancing and the closing of some business were even more controversial. There were clear political divides in the United States COVID-19 response, with political affiliation becoming one of the best predictors of COVID-19 vaccination.⁵⁶

As described in a Lancet Commission report (in which I am a co-author)⁵⁷:

Over the past two decades, anti-vaccine activism in the USA has evolved from a fringe subculture into an increasingly well organised, networked movement with important repercussions for public health. The COVID-19 pandemic has exacerbated this evolution and magnified the reach of vaccine misinformation. Anti-vaccine activists, who for many years spoke primarily to niche communities hesitant about childhood vaccinations, have used traditional and social media to amplify vaccine-related mistruths about COVID-19 vaccines while also targeting historically marginalised racial and ethnic communities. These efforts contributed to COVID-19 vaccine hesitancy and expanded the movement, with early indications suggesting that this hesitancy could now also be increasing hesitancy that existed pre-pandemic towards other vaccines.

Thus, Anti-vaccine groups were able to capitalize on the controversies around COVID-19 and COVID-19 control strategies including but limited to vaccination. There is no question that anti-vaccine groups had an impact on COVID-19 vaccine hesitancy.

What is the impact of the anti-vaccine movement on mandatory vaccine policies?

There has been a very strong and concerted effort by the anti-vaccine movement to loosen state laws requiring vaccination of school children, particularly over the past decade. The reasons behind this are multifactorial. First and foremost, anti-vaccine groups have become fairly sophisticated in how they present themselves and frame their arguments. They have learned over the past few decades that they are not perceived well – by the media, politicians or much of the public – if they present themselves as being against vaccines. Thus, they tend to present

⁵⁶ Matthew Z Dudley, Benjamin Schwartz, Janesse Brewer, Lilly Kan, Roger Bernier, Jennifer E Gerber, Haley Budigan Ni, Tina M Proveaux, Rajiv N Rimal, Daniel A Salmon. COVID-19 Vaccination Status, Attitudes, and Values among US Adults in September 2021. J Clin Med. 2022 Jun 28;11(13):3734.

⁵⁷ Richard M Carpiano, Timothy Callaghan, Renee DiResta, Noel T Brewer, Chelsea Clinton, Alison P Galvani, Rekha Lakshmanan, Wendy E Parmet, Saad B Omer, Alison M Buttenheim, Regina M Benjamin, Arthur Caplan, Jad A Elharake, Lisa C Flowers, Yvonne A Maldonado, Michelle M Mello, Douglas J Opel, Daniel A Salmon, Jason L Schwartz, Joshua M Sharfstein, Peter J Hotez. Confronting the evolution and expansion of anti-vaccine activism in the USA in the COVID-19 era. Lancet. 2023 Mar 18;401(10380):967-970.

themselves as being advocates for informed choice and the safety of vaccines. This is a very effective approach to open doors and influence policy, discourse and the thinking and decisions of the public. Central to this argument of informed choice is the ability of persons to claim non-medical exemptions. Additionally, because all school immunization requirements are state rather than federal laws this allows anti-vaccine groups to focus their efforts on individual states where they are more likely to sway local legislators and manipulate public opinion than they could achieve at the federal level. In many states, anti-vaccine groups have established state chapters or organizations who find state legislators who are sympathetic to their views and willing to propose legislation expanding non-medical exemptions. Anti-vaccine groups have rallied opposition to mandatory COVID-19 vaccine policies.

Stem cells: Some individuals who challenged mandatory COVID vaccine policies raised religious objections based on stem cell use in testing/development of vaccines

Which stem cell lines were used in testing the COVID-19 vaccines available in 2021?

Some COVID-19 vaccines used cells, either in development or in manufacturing, originally isolated from fetal tissues derived from an aborted fetus. The fetal cell lines being used to test or manufacture the COVID-19 vaccines are from two sources⁵⁸:

- HEK-293: A kidney cell line that was isolated from a fetus in 1973
- PER.C6: A retinal cell line that was isolated from a fetus in 1985

In neither of these cases was an abortion done for the purposes of harvesting a fetal cell line. These cell lines are used in a in vaccine and other drug development as well as manufacturing of some drugs and vaccines because they have been extremely well characterized over many decades, providing advantages over other cell lines where less in known about them. ⁵⁹

Fetal cell lines were used in the early in the development of mRNA vaccine technology.

The Pfizer and Moderna mRNA COVID-19 vaccines produced do not use any fetal cell cultures to manufacture the vaccine.

The Johnson & Johnson COVID-19 vaccine uses fetal cell cultures (PER.C6) to manufacture the vaccine.⁶⁰

Other medicines for which stem cells were used in testing

⁵⁸ Richard K. Zimmerman. Helping patients with ethical concerns about COVID-19 vaccines in light of fetal cell lines used in some COVID-19 vaccines. Vaccine. 2021 Jul 13; 39(31): 4242–4244. Published online 2021 Jun 15. doi: 10.1016/j.vaccine.2021.06.027

⁵⁹ John Grabenstein. What the World's religions teach, applied to vaccines and immune globulins. Vaccine. Volume 31, Issue 16, 12 April 2013, Pages 2011-2023.

⁶⁰ Janssen. https://www.janssenscience.com/products/janssen-covid-19-vaccine/medical-content/janssen-covid-19-vaccine-janssen-covid-19-vaccine-no-presence-of-fetal-tissue-or-human-cells accessed 04/04/23

HEK293 cells are one of the most widely used cell lines in research because they are easy to manipulate and are immortal (can be grown and replicated indefinitely). The following commonly used drugs (not comprehensive) have been tested, developed or manufactured using fetal cell lines.⁶¹

Common over the counter drugs tested on HEK-293 cells or derivative cell lines.

- 1. Tylenol / Acetaminophen
- 2. Advil / Motrin / Ibuprofen
- 3. Aspirin / Acetylsalicylic Acid (ASA)
- 4. Aleve / Naproxen
- 5. Pseudoephedrine / Sudafed / / SudoGest, Suphedrine
- 6. Diphenhydramine / Benadryl
- 7. Loratadine / Claritin
- 8. Dextromethorphan / Delsym / Robafen Cough / Robitussin
- 9. Guaifenesin / Mucinex
- 10. Tums / Calcium Carbonate
- 11. Maalox / Aluminum Hydroxide and Magnesium Hydroxide
- 12. Docusate / Colace / Ex-Lax Stool Softener
- 13. Senna Glycoside / Sennoside / Senna / Ex-Lax / Senokot
- 14. Pepto-Bismol / Bismuth Subsalicylate
- 15. Phenylephrine / Preparation H / Vazculep / Suphedrine PE
- 16. Mepyramine / Pyrilamine
- 17. Lidocaine / Lidoderm / Recticare

Common prescription drugs tested on HEK-293 cells or derivative cell lines.

- 1. Levothyroxine / Synthroid / Tirosint / Levoxyl
- 2. Atorvastatin / Lipitor
- 3. Amlodipine / Norvasc
- 4. Metoprolol / Toprol XL / Lopressor
- 5. Omeprazole / Prilosec OTC / Zegerid OTC / OmePPi
- 6. Losartan / Cozaar
- 7. Albuterol / Salbutamol / ProAir / Ventolin
- 8. Enbrel / Etanercept
- 9. Azithromycin / Zithromax
- 10. Hydroxychloroquine / Plaquenil
- 11. Remdesivir / Veklury
- 12. Dapagliflozin / Farxiga / Ipragliflozin / Suglat / Enavogliflozin / Jardiance
- 13. Ivermectin / Stromectol
- 14. Metformin / Glucophage / Riomet / Glumetza

 $^{^{61}\} Commonwealth\ Journal.\ April\ 4,\ 2023.\ https://www.somerset-kentucky.com/opinion/letters_to_the_editor/thereare-no-aborted-fetal-cells-in-vaccines/article_14809887-84f7-58a4-bb4c-76bc29724d8a.html\ accessed\ 04/04/23$

When was Novavax available in the United States?

The U.S. Food and Drug Administration issued an emergency use authorization (EUA) for the Novavax COVID-19 Vaccine on July 13, 2022.⁶²

Did the manufactures of Novavax use human fetal derived cell lines or tissue in its development, manufacture or production?

The Novovax COVID-19 vaccine did not use human fetal cells lines or tissue in its development, manufacturing or production.⁶³

Summary

In September 2021, COVID-19 was a substantial threat to staff and patients in health care institutions. Health care staff were disproportionately impacted by COVID-19 and patients in health care settings were at increased risk of serious disease and death because of underlying health conditions and/or age. Consequently, health care personnel were the first priority for vaccination by the ACIP and CDC when vaccine supplies were limited. There were three vaccines approved for use at the time, and they had been shown to be very safe and effective at preventing diseases. reducing transmission of disease, and serious consequences from COVID-19 including death. Consequently, unvaccinated persons in health care settings were at greater risk of COVID-19 themselves, and also posed risk to others they came into contact with. While many health care workers had already been infected at this time, natural immunity was poorly understood and not a substitute for vaccination. Mandatory COVID-19 vaccine policies were necessary in health care settings given the need for extremely high vaccine coverage necessary in health care settings and inadequate vaccine coverage that could be accomplished through education and access to free vaccine. The small number of persons with valid medical contraindications to vaccination must be given medical exemptions to mandatory policies. Health care institutions often also allowed religious exemptions for persons with sincerely held religious beliefs against vaccination. However, these health care institutions needed to limit exemptions to those persons with sincerely held religious beliefs that precluded vaccination in order to protect their staff and patients. Easily granting religious exemptions to all persons who requested them, including those without sincerely held religious beliefs precluding vaccination, would have undermined the vaccine requirement leading to substantial disease, disability and death among health care staff and patients.

Darul Solm

⁶² FDA News Release: Coronavirus (COVID-19) Update: FDA Authorizes Emergency Use of Novavax COVID-19 Vaccine, Adjuvanted. https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-emergency-use-novavax-covid-19-vaccine-adjuvanted accessed 04/01/22

⁶³ Los Angeles County Department of Public Health. COVID-19 VACCINES AND FETAL CELL LINES. http://publichealth.lacounty.gov/media/coronavirus/docs/vaccine/VaccineDevelopment_FetalCellLines.pdf Accessed 04/01/23

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Education and Training

2003 PhD, Health Policy and Management, Johns Hopkins University Bloomberg School of Public Health, Baltimore, MD

<u>Dissertation:</u> School Implementation of Immunization Requirements: Are School Policies or Personnel Associated with the Likelihood of a Child Claiming an Exemptions or School-Based Outbreaks of Measles or Pertussis?

1996 MPH, Health Policy and Management, Emory University Rollins School of Public Health, Atlanta, GA

Thesis: Health Consequences of Religious and Philosophical Exemptions from Immunization Laws: Individual and Societal Risk of Measles

BA, Political Science with Minor in Psychology, Rutgers University, New Brunswick, NJ

Professional Experience

- 2018 Director, Institute for Vaccine Safety, The Johns Hopkins University, Bloomberg School of Public Health
- 2017 Professor, Global Disease Epidemiology and Control, Department of International Health, The Johns Hopkins University, Bloomberg School of Public Health
- 2017 Professor, Health, Behavior and Society (joint appointment), The Johns Hopkins University, Bloomberg School of Public Health
- 2018 2021 Director of PhD Program, Global Disease Epidemiology and Control, Department of International Health, The Johns Hopkins University, Bloomberg School of Public Health

2012 - 2018	Deputy Director, Institute for Vaccine Safety, The Johns Hopkins University, Bloomberg School of Public Health
2012 - 2017	Associate Professor, Global Disease Epidemiology and Control, Department of International Health, The Johns Hopkins University, Bloomberg School of Public Health
2013 - 2017	Associate Professor, Health, Behavior and Society (joint appointment), The Johns Hopkins University, Bloomberg School of Public Health
2007 - 2012	Director of Vaccine Safety (GS 15 – Step 10), National Vaccine Program Office, Office of the Assistant Secretary for Health, Department of Health and Human Services
2007 - 2012	Adjunct Associate Professor, Global Disease Epidemiology and Control, Department of International Health, The Johns Hopkins University, Bloomberg School of Public Health
2005 - 2007	Associate Professor, Department of Epidemiology and Health Policy Research, University of Florida, College of Medicine
2003 - 2005	Assistant Scientist, Division of Disease Prevention and Control, Department of International Health, Associate Director for Policy and Behavioral Research, Institute for Vaccine Safety, The Johns Hopkins University, Bloomberg School of Public Health
2001 - 2003	Research Associate, Division of Disease Prevention and Control, Department of International Health, Associate Director for Policy and Behavioral Research, Institute for Vaccine Safety, The Johns Hopkins University, Bloomberg School of Public Health
1999 - 2001	Consultant, Institute for Vaccine Safety, The Johns Hopkins University, Bloomberg School of Public Health
2000	Consultant, Merck Vaccine Division, Merck and Co, Inc.
1997 - 1999	Policy Analyst, National Vaccine Program Office, Centers for Disease Control and Prevention
1995 -1997	Contractor, National Immunization Program, Centers for Disease Control and Prevention
1994 - 1995	HIV Prevention Community Coordinator, Health Visions, Inc.
1994	Consultant, Health Visions, Inc.

1990 - 1992 Residential Aide/Counselor, Alternatives, Inc.

Professional Activities

Society Membership

American Public Health Association, Member (1995-1999)

Infectious Disease Society of America, Member (2005-2007)

Advisory Panels

Parents of Kids with Infectious Diseases (PKIDS), Board Member (2007-)

Brighton Collaboration, Board Member, Vaccine Hesitancy Working Group Co-Chair (2012-)

Janssen Vaccine Policy Board Member (2021-)

Merck Vaccine Policy Board Member (2007)

39th National Immunization Conference External Planning Committee (2004)

Editorial Activities

Peer Reviewer (selected)

American Journal of Preventive Medicine

American Journal of Public Health

Archives of Pediatric and Adolescent Medicine

Biosecurity and Bioterrorism

BMC Family Practice

BMC Public Health

Expert Reviews of Vaccines

Health Affairs

Health Education Research

Indian Journal of Medical Science

Journal of Comparative Family Studies

Journal of Health Communication

Journal of the American Medical Association

Journal of the National Medical Association

Journal of Urban Health

New England Journal of Medicine

Pediatrics Pediatric Infectious Disease Journal

Pediatrics International

Public Health Reports

The Lancet

The Lancet, Infectious Diseases

Vaccine

Vaccines

Editorial Board

Vaccine, Associate Editor (2021- present)

Vaccines (2012-2013)

Guest Editor

Pediatrics Supplement: Vaccine Safety Throughout the Product Life Cycle (2011)

Vaccines Supplement: Confidence in Vaccines (2013)

Review of Proposals (selected)

National Institutes of Health, Dissemination & Implementation in Heath Study Section (DIHR). Special Emphasis Panels for National Institutes of Health, Centers for Disease Control and Prevention, Food and Drug Administration (Chair), National Science Foundation, and Canadian Institutes of Health Research.

Honors and Awards

- Haddon Fellow, Johns Hopkins University Bloomberg School of Public Health (1999-2001)
- Achievement Award Dedication to Students, Johns Hopkins Bloomberg School of Public Health (2005)
- Development of the Federal Immunization Safety Task Force, Assistant Secretary for Health (2008)
- Federal Monitoring of H1N1 Vaccine Safety, Assistant Secretary for Health (2010)
- Patient Education Working Group Co-Chair, Assistant Secretary for Health (2012)
- Outstanding recent graduate (within past 10 years), Johns Hopkins Bloomberg School of Public Health (2013)
- Delta Omega Society (2014)

Publications (* indicated student/advisee/mentee)

JOURNAL ARTICLES (PEER REVIEWED)

- 1. Dudley MZ, Gerber JE, Budigan Ni H, Blunt M, Holroyd TA, Carleton BC, Poland GA, Salmon DA. Vaccinomics: A scoping review. Vaccine. 2023 Mar 31;41(14):2357-2367.
- 2. Schwartz B, Brewer J, Budigan H, Bernier R, Dudley MZ, Kan L, Proveaux TM, Roberts R, Tafoya N, Hamlin MD, Moore L, Hughes M, Turner B, Al-Dahir S, Velasco E, Privor-Dumm L, Veloz W, White JA, Dubois S, Ooton J, Kipp BJ, Show TJ, Salu K, Chavez B, Montes MDP, Najera R, King T, **Salmon DA**. Factors Affecting SARS-CoV-2 Vaccination Intent and Decision Making Among African American, Native American, and Hispanic Participants in a Qualitative Study. Public Health Rep. 2023 Mar 27:333549231160871.
- 3. Carpiano RM, Callaghan T, DiResta R, Brewer NT, Clinton C, Galvani AP, Lakshmanan R, Parmet WE, Omer SB, Buttenheim AM, Benjamin RM, Caplan A, Elharake JA, Flowers LC, Maldonado YA, Mello MM, Opel DJ, **Salmon DA**, Schwartz JL, Sharfstein JM, Hotez PJ. Confronting the evolution and expansion of anti-vaccine activism in the USA in the COVID-19 era. Lancet. 2023 Mar 18;401(10380):967-970.
- 4. Kitano T, Thompson DA, Engineer L, Dudley M, **Salmon DA**. Risk and benefit of mRNA COVID-19 vaccines for Omicron variant by age, sex and presence of comorbidity: a quality-adjusted life years analysis. Am J Epidemiol. 2023 Mar 14:kwad058.
- 5. **Salmon DA**, Plotkin S, Navar AM. Vaccine Decision-making in a Time of Conflicting Recommendations: A Call to Go Beyond Politics. Pediatr Infect Dis J. 2023 Feb 22:e003892.

- 6. Dudley MZ, Schuh HB, Shaw J, Rimal RN, Harvey SA, Balgobin KR, Zapf AJ, **Salmon DA**. COVID-19 vaccination among different types of US Healthcare Personnel. Vaccine. 2023 Feb 17;41(8):1471-1479.
- 7. Dudley MZ, Barnett EE, Paulenich A, Omer SB, Schuh H, Proveaux TM, Buttenheim AM, Klein NP, Delamater P, McFadden SM, Patel KM, **Salmon DA**. Characterization of parental intention to vaccinate elementary school aged children in the state of California. Vaccine. 2023 Jan 16;41(3):630-635.
- 8. Budigan Ni H, de Broucker G, Patenaude BN, Dudley MZ, Hampton LM, **Salmon DA**. Economic impact of vaccine safety incident in Ukraine: The economic case for safety system investment. Vaccine. 2023 Jan 4;41(1):219-225.
- 9. Opel DJ, Brewer NT, Buttenheim AM, Callaghan T, Carpiano RM, Clinton C, Elharake JA, Flowers LC, Galvani AP, Hotez PJ, Schwartz JL, Benjamin RM, Caplan A, DiResta R, Lakshmanan R, Maldonado YA, Mello MM, Parmet WE, **Salmon DA**, Sharfstein JM, Omer SB. The legacy of the COVID-19 pandemic for childhood vaccination in the USA. Lancet. 2023 Jan 7:401(10370):75-78.
- 10. **Salmon DA**, Schuh HB, Sargent RH, Konja A, Harvey SA, Laurie S, Mai BS, Weakland LF, Lavery JV, Orenstein WA, Breiman RF. Impact of vaccine pause due to Thrombosis with thrombocytopenia syndrome (TTS) following vaccination with the Ad26.COV2.S vaccine manufactured by Janssen/Johnson & Johnson on vaccine hesitancy and acceptance among the unvaccinated population. PLoS One. 2022 Oct 11;17(10):e0274443.
- 11. Mello MM, Opel DJ, Benjamin RM, Callaghan T, DiResta R, Elharake JA, Flowers LC, Galvani AP, **Salmon DA**, Schwartz JL, Brewer NT, Buttenheim AM, Carpiano RM, Clinton C, Hotez PJ, Lakshmanan R, Maldonado YA, Omer SB, Sharfstein JM, Caplan A. Effectiveness of vaccination mandates in improving uptake of COVID-19 vaccines in the USA. Lancet. 2022 Aug 13;400(10351):535-538.
- 12. Omer SB, O'Leary ST, Bednarczyk RA, Ellingson MK, Spina CI, Dudley MZ, Chamberlain AT, Limaye RJ, Brewer SE, Frew PM, Malik FA, Orenstein W, Halsey N, Ault K, **Salmon DA**. Multi-tiered intervention to increase maternal immunization coverage: A randomized, controlled trial. Vaccine. 2022 Aug 12;40(34):4955-4963.
- 13. Sargent RH, Laurie S, Weakland LF, Lavery JV, **Salmon DA**, Orenstein WA, Breiman RF. Use of Random Domain Intercept Technology to Track COVID-19 Vaccination Rates in Real Time Across the United States: Survey Study. J Med Internet Res. 2022 Jul 1;24(7):e37920.
- 14. Dudley MZ, Schwartz B, Brewer J, Kan L, Bernier R, Gerber JE, Ni HB, Proveaux TM, Rimal RN, **Salmon DA**. COVID-19 Vaccination Status, Attitudes, and Values among US Adults in September 2021. J Clin Med. 2022 Jun 28;11(13):3734.
- 15. Sargent RH, Laurie S, Moncada L, Weakland LF, Lavery JV, **Salmon DA**, Orenstein WA, Breiman RF. Masks, money, and mandates: A national survey on efforts to increase COVID-19 vaccination intentions in the United States. PLoS One. 2022 Apr 21;17(4):e0267154.
- 16. Brewer NT, Buttenheim AM, Clinton CV, Mello MM, Benjamin RM, Callaghan T, Caplan A, Carpiano RM, DiResta R, Elharake JA, Flowers LC, Galvani AP, Hotez PJ, Lakshmanan R, Maldonado YA, Omer SB, Salmon DA, Schwartz JL, Sharfstein JM, Opel DJ. Incentives for COVID-19 vaccination. Lancet Reg Health Am. 2022 Apr;8:100205.

- 17. Trent MJ, **Salmon DA**, MacIntyre CR. Predictors of pneumococcal vaccination among Australian adults at high risk of pneumococcal disease. Vaccine. 2022 Feb 16;40(8):1152-1161
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COMMENTARIES

- 1. Gostin LO, Shaw J, **Salmon DA.** Mandatory SARS-CoV-2 Vaccinations in K-12 Schools, Colleges/Universities, and Businesses. JAMA. 2021 Jun 7. *Invited*
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- 3. Opel DJ, **Salmon DA**, Marcuse EK. Building Trust to Achieve Confidence in COVID-19 Vaccines. JAMA Netw Open. 2020 Oct 1;3(10):e2025672. doi: *Invited*
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- 5. **Salmon DA**, Dudley MZ. It is time to get serious about vaccine confidence. Lancet. 2020 Sep 26;396(10255):870-871. doi: 10.1016/S0140-6736(20)31603-2. Epub 2020 Sep 10. PMID: 32919522. *Invited*
- 6. Gostin LO, **Salmon DA**. The Dual Epidemics of COVID-19 and Influenza: Vaccine Acceptance, Coverage, and Mandates. JAMA. 2020 Jul 28;324(4):335-336. doi: 10.1001/jama.2020.10802. PMID: 32525519. *Invited*
- 7. **Salmon DA**, MacIntyre CR, Omer SB. Making mandatory vaccination truly compulsory: well intentioned but ill conceived. Lancet Infect Dis. 2015 Aug;15(8):872-3.
- 8. Halsey NA, **Salmon DA**. Measles at Disneyland, a problem for all ages. Ann Intern Med. 2015 May 5;162(9):655-6. *Invited*
- 9. Atwell JE*, **Salmon DA**. Pertussis resurgence and vaccine uptake: implications for reducing vaccine hesitancy. Pediatrics. 2014 Sep; 134(3): 602-4. *Invited*
- 10. **Salmon DA**, Halsey. Guillain-Barré Syndrome and vaccination. Clin Infect Dis. 2013 Jul; 57(2):205-7. *Invited*

- 11. **Salmon DA**, Halsey NA. Keeping the M in medical exemptions: protecting our most vulnerable children. J Infect Dis. 2012 Oct 1; 206(7): 987-8.
- 12. MacIntyre CR, Kelly H, Jolley D, Butzkueven H, **Salmon D**, Halsey N, Moulton LH Recombinant hepatitis B vaccine and the risk of multiple sclerosis: a prospective study. Neurology. 2005 Apr 12;64(7):1317.

BOOKS

The Clinician's Vaccine Safety Resource Guide: Optimizing the Prevention of Vaccine-Preventable Diseases Across the Lifespan. Mathew Z. Dudley. **Daniel A Salmon**, Neal A. Halsey, alter A. Orenstein, Rupali J. Limaye, Sean T. O'Leary, Saad B. Omer. Springer Publishing, 2018.

GOVERNMENT AND ADVISORY COMMITTEE REPORTS

- 1. White Paper on the United States Vaccine Safety System. National Vaccine Advisory Committee (NVAC), 2012. Role: Served as the Designated Federal Official for the Vaccine Safety Working Group with responsibilities including determining the charge and membership of the working group, holding closed and public meetings to gather scientific and programmatic information and incorporation of stakeholder views, and oversaw drafting of final report.
- 2. H1N1 Vaccine Safety Risk Assessment Working Group (VSRAWG). National Vaccine Advisory Committee (NVAC). Interim reports (12/2009, 1/2010, 2/2010, 3/2010, 4/2010, 6/2010) and final report (1/2012). Role: Served as the Designated Federal Official with responsibilities including determining the charge and membership of the VSRAWG, coordinating bi-monthly conference calls with the Federal Immunization Safety Task Force and the VSRAWG reviewing all H1N1 safety data, facilitated discussions of safety issues among the VSRAWG, drafting all reports.
- 3. Recommendations on 2009 H1N1 Influenza Vaccine Safety Monitoring. National Vaccine Advisory Committee (NVAC). 7/2009. Role: Served as the Designated Federal Official for the Vaccine Safety Working Group with responsibilities including determining the charge and membership of the Working Group, holding meetings with Working Group and HHS leadership, and drafting final report.
- 4. Federal Plans to Monitor Immunization Safety for Pandemic 2009 H1N1 Influenza Vaccination Program. Department of Health and Human Services, 2009. Role: Primary author with the Federal Immunization Safety Task Force.
- 5. Recommendations on the Centers for Disease Control and Prevention Immunization Safety Office Draft 5-Year Scientific Agenda. National Vaccine Advisory Committee (NVAC), 2009. Role: Served as the Designated Federal Official for the Vaccine Safety Working Group with responsibilities including determining the charge and membership of the working group, holding closed and public meetings to gather scientific and programmatic information and incorporation of stakeholder views, and oversaw drafting final report.
- 6. A Comprehensive Review of Federal Vaccine Safety Programs and Pubic Health Activities. Department of Health and Human Services, 2008. Role: Primary author with the Federal Immunization Safety Task Force.

7. Vaccine Safety Action Plan (Implementation Plan for the Task Force Report on Safer Childhood Vaccines). Department of Health and Human Services, 1999. Role: Primary author with the many HHS agencies (NIH, FDA, CDC, HRSA).

Practice Activities

Dr. Salmon's public health practice has been carried out while he held positions in the Federal government and academia and has resulted in 15 peer reviewed publications, 7 Federal and advisory committee reports, dozens of testimony to Federal advisory committees and state legislators, regular consultation with policy-makers, and more than 50 interviews with national media outlets. This practice work has been funded by state and Federal government agencies, has been integrated into Dr. Salmon's teaching, and has resulted in several awards for outstanding services by the Assistant Secretary for Health. Dr. Salmon's leadership has impacted policy and public health practice nationally. Dr. Salmon has assisted in the development of model state laws for school immunization requirements, based upon public health scholarship, and evaluated the impact of the application of this model. Dr. Salmon was a major contributor to realigning vaccine safety activities within the Centers for Disease Control and Prevention in order to provide greater public confidence in vaccine safety, surveillance and response activities.

While serving as the Director of Vaccine Safety at the National Vaccine Program Office, Dr. Salmon led an inter-agency and inter-departmental Secretarial task force, The Federal Immunization Safety Task Force, responsible for ensuring the coordination and strategic planning of Federal vaccine safety activities. Under his leadership, this Task Force wrote a Secretarial report to enhance our vaccine safety systems and the safety chapter of the National Vaccine Plan. Dr. Salmon led the development of the National Vaccine Advisory Committee (NVAC) Vaccine Safety Working Group, issuing reports to the Assistant Secretary for Health to improve the national vaccine safety system and focus vaccine safety research activities. This Working Group was cited by RAND on how to effectively utilize the National Vaccine Advisory Committee. The Department of Health and Human Services has been able to garner and focus vaccine safety programmatic and research activities through these internal government and advisory committee reports.

The 2009-10 H1N1 vaccine program brought unusual challenges and opportunities for vaccine safety and Dr. Salmon's work. The last national effort to quickly vaccinate the country to prevent a novel swine flu pandemic in 1976 resulted in a public health and political failure as the vaccine caused Guillain-Barré syndrome (GBS) and the pandemic never materialized as anticipated. The New York Times referred to this as the Swine Flu Fiasco as the Director of the Centers for Disease Control and Prevention and the Surgeon General were dismissed as President Ford faced public criticism. A new administration and the public remembered this experience as the 2009-10 H1N1 vaccine program was launched with considerable skepticism. Dr. Salmon seized these challenges and was able to capitalize on them to ensure the safety monitoring was robust and credible and build long lasting infrastructure.

Dr. Salmon oversaw the largest and most comprehensive vaccine safety monitoring program (2009-10 H1N1 vaccine program) ever in the US or internationally. Dr. Salmon worked with seven agencies in the Department of Health and Human Services, as well as the Departments of

Defense and Veterans Affairs, to enhance active safety monitoring programs. Dr. Salmon developed a novel vaccine safety surveillance system, the Post Licensure Rapid Immunization Safety Monitoring (PRISM) Network that is now a part of permanent infrastructure at the Food and Drug Administration and has served as a model for drug and product safety monitoring. Dr. Salmon led the Federal Immunization Safety Task Force to develop a safety-monitoring plan for H1N1 that was shared with stakeholders and the public and once the program was launched. To enhance public and stakeholder engagement and improve public confidence, Dr. Salmon developed the H1N1 Vaccine Safety Risk Assessment Working Group of the National Vaccine Advisory Committee that provided independent oversight of all 2009-10 H1N1 vaccine data across the government every two weeks and provided publically deliberated reports on a monthly basis throughout the vaccine program. Dr. Salmon's work in this area was cited by an Institute of Medicine report reviewing the National Vaccine Plan and Federal vaccine activities as an area in vaccines with exemplary leadership and coordination. Many aspects of this 2009-10 H1N1 vaccine program that were instituted under his leadership continue today.

TESTIMONY

Dr. Salmon has made dozens of presentations to the National Vaccine Advisory Committee (NVAC), Advisory Commission on Childhood Vaccines (ACCV), the Advisory Committee on Immunization Practices (ACIP), and the National Biodefense Science Board (NBSB). He has also provided testimony for the Maryland and Florida Legislators.

PRESENTATIONS TO POLICY-MAKERS

Dr. Salmon has provided dozens of briefings for 3 CDC Directors, 3 Secretary's, two Deputy Secretary's, and 5 Assistant Secretary's for Health, U.S Department of Health and Human Services.

CONSULTATIONS WITH POLICY-MAKERS AND OTHER STAKEHOLDERS

Served as the Federal Ex-Officio for the Advisory Commission on Childhood Vaccines (ACCV; 2007-2012) which provides advice to the Secretary, HHS, regarding the Vaccine Injury Compensation Program (HRSA). Developed working groups (as the Designated Federal Official) of the National Vaccine Advisory Committee (NVAC) that provides policy advice to the Director of the National Vaccine Program/Assistant Secretary for Health to optimize the prevention of disease through vaccination and the prevention of vaccine adverse events. Through Dr. Salmon's leadership, the NVAC produced the following reports: 1) Review and prioritization of CDC Immunization Safety Office research agenda; 2) Recommendations for improving the Nations vaccine safety system; 3) Recommendations for improvements to H1N1 safety monitoring programs; and 4) Independent ongoing review of all H1N1 safety data. Through these Federal Advisory Committee efforts, Dr. Salmon worked closely with a very broad range of stakeholders including state and local health departments, Federal agencies (NIH, FDA, CDC, HRSA, IHS) and departments (HHS, DoD, VA, USAID), vaccine manufacturers, professional associations, academia, and advocacy organizations. Dr. Salmon has held many local, regional and national meetings to engage these stakeholders in vaccine policy and practice, issuing meeting reports, and impacting the policy and practice recommendation of the aforementioned advisory committee reports.

RESEARCH FINDING DISSEMINATION THROUGH MEDIA APPEARANCES

Dr. Salmon has made many media appearances and contributed to stories for CNN, Reuters News, The Associated Press, The New York Times, The Wall Street Journal, The Washington Post, The LA Times, and many other city, state and national media outlets.

SOFTWARE DEVELOPMENT

Developing and evaluating immunization App to increase maternal and infant vaccination uptake.

PRACTICE POSITIONS (OUTSIDE ACADEMIA)

Director of Vaccine Safety, National Vaccine Program Office, Office of the Assistant Secretary for Health, US Department of Health and Human Services (2007-2012): Coordinated, evaluated and provided leadership for federal vaccine safety programs.

- Developed a Secretarial Task Force (Federal Immunization Safety Task Force) issuing a report to the Secretary to enhance safety systems and providing ongoing coordination and leadership of Federal vaccine safety activities.
- Coordinated Federal H1N1 vaccine safety monitoring across multiple HHS Agencies and Departments, including development of federal strategic planning, addressing emerging issues, and development of innovative initiatives.
- Developed a novel active surveillance system (Post Licensure Rapid Immunization Safety Monitoring (PRISM)) for H1N1 vaccination program, capturing vaccine histories from 8 state immunization registries linked with health records for about 35 million persons through 5 large health insurance companies. This program is now a permanent part of vaccine safety monitoring by the FDA.
- Conducted a meta-analysis combining GBS data across multiple safety monitoring systems and worked with Vaccine Injury Compensation Program (HRSA) to determine if GBS should be a compensatable injury.
- Guest Edited supplement for Pediatrics to improve understanding of vaccine safety systems and science and enable effective communications by pediatricians when discussing vaccine safety with parents.

CURRICULUM VITAE

Daniel Salmon Part II

Teaching

MASTERS ADVISEES
Ann Marie Navar, 2005
Jana Goins, 2005
Bernadette Cambell, 2005
Brian Rosen, 2013
Kevin Wright, 2013
Benjamin Williams, 2013
Mathew Dudley, 2013
Bansari Patel, 2013
Oladeji Oloko, 2014
Hannah Steinberg, 2014
Moar Sherbini, 2014
Aderemi Sanusi, 2016 (anticipated)
Caroline Picher, 2016 (anticipated)

DOCTORAL ADVISEES

Dustin Gibson, PhD, 2014 Matt Dudley, PhD, 2019 Andrea Carcelen, PhD, 2020 Jennifer Gerber, PhD, 2020 Taylor Halroyd, PhD, 2020

PRELIMINARY ORAL PARTICIPATION

Saad Omer, 2004 Dustin Gibson, 2012 Paul Messino, 2014 (alternate) Cristina Garcia, 2015 (alternate) Karen Chang, 2015 (alternate) Talia Quandelacy, 2016 (alternate) Elizabeth Chmielewski, 2016

FINAL ORAL PARTICIPATION

Saad Omer, 2006: "Societal Risk of Pertussis in the United States: Role of State Policies and Spatial Clustering of Childhood Vaccine Refusers"

Ann Marie Navar, 2009: "Impact of Immunization in the Neonatal Intensive Care Unit" Zunera Gilani (alternate), 2012: "Population Immunity to Measles and Rubella Virus in Rural Zambia"

Noor Rakshani, DRPH, 2013: "Individual and Contextual Level Factors Influencing Initiation, Completion and Up to Date Vaccination in Routine Immunization Program"

Jennifer Kreslake (chair), 2014: "Determinants of Risk Behaviors in the Containment of Highly Pathogenic Avian Influenza and Implications for Risk Communication"

Dustin Gibson, 2014: "The Readiness, Need for, and Effect of mHealth Interventions to Improve Immunization Timeliness and Coverage in Rural Western Kenya"

Brittany Kmush, 2016: "Determinants of Immunologic Persistence of Hepatitis E Virus Antibodies." (alternate)

MSPH/Post-MPH Internships Hired and Supervised (Current position, number of coauthored papers)

Ann Marie Navar, 2006 (Cardiology Resident, Duke University; 5 papers)

Terrel Carter, 2007 (American Academy of Pediatrics, Global Immunization Staff; 4 papers)

Stephanie Irving, 2007 (Kaiser Permanente Center for Health Research; 1 paper)

Kirsten Vannice, 2008-10 (World Health Organization; 6 papers)

Michelle Mergler, 2009-10 (Johns Hopkins Doctoral Student; 2 papers)

Will Bleser, 2010 (Penn State Doctoral Student; 1 paper)

Classroom Instruction

PRIMARY INSTRUCTOR

- Vaccine Policy Issues (223.687.01). This 3-credit course examines current national and international policy issues in vaccine research, development, manufacturing, supply, and utilization. Topics include development of orphan vaccines, ensuring an adequate supply of safe and effective vaccines, vaccine injury compensation, and disease eradication. Emphasizes the identification of important vaccine policy issues and the development and evaluation of policies to address these issues. Presents the roles, responsibilities, and policy positions of key immunization stakeholders via guest lectures by a wide array of experts who have worked for important vaccine groups (i.e., FDA, GAVI, Vaccine Industry, US Vaccine Injury Compensation Program, Consumer Group). 35-45 students masters and doctoral students from across the School of Public Health and Preventive Medicine Residents. Consistently received high student course evaluations.
- The Practice of Public Health Through Vaccine Case Studies: Problem Solving Seminar (223.630.81). Vaccines are among the most effective medical and public health interventions. This class for DrPH students presents historic vaccine case studies highlighting challenges in emerging science, program design and evaluation, management, policy and communication. The seminar examines decision-making surrounded by scientific uncertainty, controversy and competing public health priorities and explores the challenges of developing policy and practice decisions within the constraints of emerging and uncertain science. Students are challenged to make policy decisions and develop programmatic and communication strategies in real world settings.
- 2012 2013 Vaccine Policy Issues (223.687.98). Johns Hopkins Fall Institute, Barcelona, Spain.

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CO-INSTRUCTOR

2004-05

Public Health Practice (305.607.01). This 4 credit course focused on the areas of knowledge and skills necessary to the administration of health agencies. The course covered topics such as administrative structure, intergovernmental relations, legislation, politics, and the public budgetary process with reference to health departments on the federal, state, and local levels. The course also reviewed public sector issues for which health agencies are responsible, including AIDS, health promotion strategies, primary care, and immunization programs. Developed and taught class on-site and online.

Research Grant Participation

CURRENT

SARS-CoV2 Vaccines Information Equity and Demand Creation Project (COVIED)

Sponsor: Centers for Disease Control and Prevention

Role: Multiple Principal Investigator (mPIs Robert Breiman and Walter Orenstein) (25% effort)

Dates: 02/01/2021-09/31/201

Project: This project implements systematic approach to provide interpretable, context- and culture-specific accurate and trusted information about the vaccines that will be offered, and to package and deliver this information to susceptible populations at risk for COVID and demonstrating vaccine hesitancy as a means to substantively reduce the disproportionate impact of COVID illness and death associated with this pandemic.

Understanding Diverse Communities and Supporting Equitable and Informed COVID-19 Vaccination Decision-Making

Sponsor: Robert Wood Johnson Foundation Role: Principal Investigator (20% effort)

Dates: 11/1/2020-9/1/2021

Project: Collaborating with NACCH, ASTHO, AIM and NIHB to better understand how people are approaching decision-making regarding COVID-19 vaccination and what additional information they need to make an informed decision for themselves, their family, and their community.

Public and Health Care Provider knowledge, attitudes, beliefs, intentions, and behaviors regarding COVID-19 disease and SARS-CoV-2 vaccines: the mediating role of trust in health care providers and public health authorities

Sponsor: Merck

Role: Principal Investigator (15% effort)

Dates: 01/01/2021-07/30/2022

Project: The primary objective of this study is to evaluate the immediate impact of outbreaks of COVID-19 disease and response measures on uptake of recommended vaccines, including but not limited to SARS-CoV-2 vaccines (when such vaccines are recommended), with a focus on trust in health care providers and public health authorities, and their vaccine knowledge, attitudes and beliefs.

Health Care Provider Training to Increase Vaccine Uptake and Reduce Vaccine Hesitancy

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Sponsor: Merck

Role: Principal Investigator (15% effort)

Dates: 01/01/2021-07/30/2022

Project: The primary objective of this project is to develop, disseminate and evaluate a Continuing Medical Education (CME) training module and an electronically available Point-of-Care Information Technology (POC-IT) guide for health care providers (HCPs) to improve vaccine informed decision-making, vaccine acceptance, and control of vaccine preventable disease (VPD).

TweenVax: A comprehensive practice-, provider-, and parent/patient-level intervention to improve adolescent HPV vaccination

Sponsoring Agency: National Cancer Institute, National Institutes of Health

Role: Co-Investigator (5% effort) Dates: 09/01/2019 – 06/30/2024

Project: The aim of the project is to develop and refine the practice-, provider-, and

patient/parent-level intervention that will be tested in primary care pediatric and family practice

offices for adolescents aged 9-14.

Valuation of Vaccine Safety

Sponsor: GAVI

Role: Principal Investigator (20% effort)

Dates: 07/15/2020 - 07/31/2021

Project: This project quantifies the health and economic costs associated with the vaccine safety disaster that occurred in the Ukraine in 2008 where there was a decline in vaccine public confidence triggered by mishandled death following a measles vaccine campaign, leading to a large measles outbreak including exportation to other countries.

Impact of Eliminating Non-Medical Exemptions in California

Sponsoring Agency: National Institute of Allergy and Infectious Diseases, National Institutes of Health

Role: Co-Investigator (20% effort)

Dates: 2016-2021

Project: California is the first state in decades to abolish non-medical exemptions to school immunization requirements. This study examines the implementation and impact of this change by assessing the burdens on health care providers, health departments, schools and parents and the rates of medical exemptions and home schooling.

Ethical, Legal and Social Issues (ELSI) for Precision Medicine and Infectious Disease: Centers for Excellence in ELSI Research (CEER)

Sponsoring Agency: National Human Genome Research Institute, National Institutes of Health Role: Co-Investigator, Lead Vaccinomics (15% effort)

Dates: 2016-2020

Project: Anticipate and examine the ethical, legal, social, historical and policy issues confronting the incorporation of genomics in the prevention, outbreak control, and treatment of a range of infectious diseases, and plan for the responsible translation of genomic advances into practice.

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A Comprehensive Pre-natal Intervention to Increase Vaccine Coverage

Sponsoring Agency: National Institutes of Health: Dissemination and Implementation Research

in Health (R01)

Role: Multiple Principal Investigator (with Saad Omer, Emory University) (35% effort)

Dates: 2015-2020

Project: Develop and evaluate a comprehensive intervention at the patient, provider and practice levels to increase maternal and childhood vaccine uptake.

The Vaccine Safety Communication E-Library

Sponsor: WHO

Role: Principal Investigator (5% effort)

Dates: 02/01/2019 - 04/30/2019

Project: The objective is to work with the WHO vaccine safety office to develop the e-library by assisting with growing the content and enhancing the organization and searchability of the VSN e-library and the development of a plan of action to increase participation of members and new members.

Development and Writing of the Global Vaccine Safety Blueprint 2.0

Role: Principal Investigator (15% effort)

Dates: 07/16/2019 - 04/30/2020

Project: The objective of this project is to work with the Global Vaccine Safety Initiative team to

develop and write the Global Vaccine Safety Blueprint 2.0.

Programmatic Impact of Multi-dose Vaccines

Sponsoring Agency: Bill and Melinda Gates Institute through the Johns Snow Institute

Role: Co-Investigator (10% effort)

Dates: 2016-2018

Project: To equip global and country level decision makers with the evidence, guidance, and tools needed to assess when, where, and how the selection of vaccine presentation affects timely, equitable, and safe vaccination coverage.

Case Studies of the Impact of Meningitis Epidemics on Local Health Departments and College Health Facilities

Sponsoring Agency: Pfizer

Role: Principal Investigator (25% effort)

Dates: 2015-2016

Project: Evaluate the non-medical costs associated with Meningitis outbreaks in university

settings.

COMPLETED

Capitalizing on Recent Changes to School Immunization Requirements to Improve the Publics Health

Sponsoring Agency: Robert Wood Johnson Foundation Public Health Law Program

Role: Hopkins Principal Investigator (10% effort)

Dates: 2014-2016

Project: Evaluate the implementation and impact of recent changes made to state school immunization requirements and develop model school immunization law.

Evaluation of Parents Claiming Exemptions to School Entry Immunization Requirements

Sponsoring Agency: Centers for Disease Control and Prevention

Role: Principal Investigator (20% effort)

Dates: 2004-2006

Project: Examined the secular trends and geographical clustering of immunization exemptions and associations with pertussis, reasons why parents refuse vaccines, and conducted a content analysis of vaccine safety newspaper stories.

Mentored Patient-Oriented Research Career Development Award (K23). Decision Making of Parents to Vaccinate Their Children

Sponsoring Agency: National Institutes of Health

Role: Principal Investigator (75% effort)

Dates: 2004-2007

Project: Explored the role of health care providers in influencing parental vaccination decisions.

Policy and Ethical Consultation on Pandemic Planning and Public Health Emergencies

Sponsoring Agency: Florida Department of Health

Role: Principal Investigator (10% effort)

Dates: 2005-2006

Project: Explored ethical issues regarding responding to an influenza pandemic and developed a training module for public health workers to understand ethical issues surrounding vaccination during a pandemic.

Implementation of Mandatory Immunization Requirements

Sponsoring Agency: Centers for Disease Control and Prevention Role: Co-Principal Investigator (with Neal Halsey) (75% effort)

Dates: 2001-2003

Project: Assessed the role of school personnel and school policies in implementing immunization requirements. Explored the reasons why some parents claim exemptions to school immunization requirements.

The Role of School Personnel and Policies in Implementing Immunization Requirements

Sponsoring Agency: Washington State Department of Health

Role: Principal Investigator (10% effort)

Dates: 2001-2004

Project: Explored the role of school personnel and school policies in implementing immunization requirements in Washington State.

Academic Service

2003 - 2005 Admissions Committee for MSPH Program, Disease Prevention and Control,
Department of International Health, Johns Hopkins Bloomberg School of Public
Health

2005 - 2007	Epidemiology Program Director, Interdisciplinary Program (IDP), University of
	Florida, College of Medicine
2012 -	Admissions Committee for PhD Program, Global Disease Epidemiology and
	Control, Department of International Health, Johns Hopkins Bloomberg School of
	Public Health
2014 -	Honors and Awards Committee, Department of International Health, Johns
	Hopkins Bloomberg School of Public Health

Public Health Practice Committee, Johns Hopkins Bloomberg School of Health

Advisory Committee Presentations (selected)

2015 -

National Vaccine Advisory Committee, Vaccine Confidence Working Group (2020-).

National Vaccine Advisory Committee, Adolescent Vaccine Working Group. History and Impact of School Immunization Requirements: Implications for Adolescent Vaccination. (2006)

National Vaccine Advisory Committee, Subcommittee on Vaccine Safety. Enhancing Public Confidence in Vaccines through Independent Oversight of Post-Licensure Vaccine Safety (2004).

National Vaccine Advisory Committee Working Group on Implementing Vaccine Recommendations, presentation to the Committee and expert witness for panel discussion (2002).

National Vaccine Advisory Committee Working Group on Philosophical Exemptions, presentation to the Committee (1998).

Personal Statement

Dr. Salmon's primary research and practice interest is optimizing the prevention of childhood infectious diseases through the use of vaccines. He is broadly trained in vaccinology, with an emphasis in epidemiology, behavioral epidemiology, and health policy. Dr. Salmon's focus has been on determining the individual and community risks of vaccine refusal, understanding factors that impact vaccine acceptance, evaluating and improving state laws providing exemptions to school immunization requirements, developing systems and science in vaccine safety, and effective vaccine risk communication. Dr. Salmon has considerable experience developing surveillance systems, using surveillance data for epidemiological studies, and measuring immunization coverage through a variety of approaches. Dr. Salmon has worked with state and federal public health agencies to strengthen immunization programs and pandemic planning.

Controversies have always existed around vaccines. However, increasingly parents are worried about the safety of vaccines and the rates of parents refusing vaccines have been increasing. Dr. Salmon's led the first study quantifying the individual and community risks of measles associated with vaccine refusal. He and others have replicated these studies examining the risk of vaccine refusers for pertussis, *Haemophilus influenzae* type b, varicella, and pneumococcal. Dr. Salmon's studies in this area have demonstrated that local clustering of refusal is associated with measles and pertussis, explaining why we see sporadic measles outbreaks despite very high vaccine coverage nationally. Dr. Salmon's work quantifying the individual and community risks of disease resulting from vaccine refusal has directly impacted national and state policy in this area.

Having quantified the magnitude of the problem of vaccine refusal, Dr. Salmon conducted a broad range of studies examining factors that contribute to vaccine acceptance and refusal. He conducted studies comparing parents who refused vaccines for their children compared to parents of fully vaccinated children. He then linked these parents to their health care providers to understand the impact of health care providers on parental vaccine decision-making. Dr. Salmon conducted studies exploring the impact of school-level personnel and policies on vaccine refusal and the impact of the media's focus on vaccine safety.

Dr. Salmon's investigations of parents who refuse vaccines for their children have included parents who claim exemptions to school immunization requirements because they are actively deciding to refuse vaccines altogether rather than delay vaccines. Dr. Salmon has investigated compulsory vaccination in the US compared to other developed countries. He has explored how school laws are implemented and enforced at the state and local level and how this impacts the rates of exemptions. He developed an evidence-based model state exemption law that has been implemented in various forms in many states to strengthen their state exemption laws. He has evaluated the impact of these applications of this model and is in the process of revising this model law with a broad range of stakeholders. Dr. Salmon's work in this area has largely shaped the debate we see in many states making exemption laws more stringent and offers a policy approach to limiting exemptions while preserving parental autonomy.

Concerns about the safety of vaccines are the primary (but not the only) reason that parents are increasingly refusing vaccines. Dr. Salmon has focused on developing the science base for

vaccine safety. He served as the Director for Vaccine Safety, National Vaccine Program Office, HHS, where he was responsible for coordinating and leading our national vaccine safety efforts including, but not limited to, the 2009 H1N1 vaccine program. In this capacity, Dr. Salmon improved our vaccine safety systems. During the H1N1 vaccine program he oversaw the largest, most comprehensive vaccine safety monitoring program ever in the US and the world. Dr. Salmon developed a new active surveillance system (Post-licensure Rapid Immunization Safety Monitoring (PRISM) Network) that is now a permanent part of our vaccine safety monitoring program. He created independent vaccine safety assessment to improve trust and confidence. The success of these efforts was highlighted by the IOM when reviewing the National Vaccine Plan. Dr. Salmon has also conducted safety studies, such as the most comprehensive evaluation of GBS post-influenza vaccine since 1976. Dr. Salmon is currently a board member of the Brighton Collaboration, an international network of vaccine safety investigators, and co-chairs their vaccine confidence working group.

While improving safety systems and science is essential to addressing parental safety concerns, it is necessary to effectively communicate the risks and benefits of vaccines to the scientific community, healthcare providers, the media and the public. To work toward this objective, Dr. Salmon has conducted vaccine risk perception and communication studies, developed communication strategies for the Department of Health and Human Services and its Agencies, and developed resources for healthcare providers. Dr. Salmon is currently focused on developing and evaluating interventions at the patient, provider and practice levels to improve maternal and infant vaccine acceptance. Dr. Salmon was the guest editor to a supplement in Pediatrics that assisted pediatricians in working with vaccine hesitant parents by reviewing the complex vaccine safety system in the US, reviewing factors that impact vaccine hesitancy, and assisting pediatricians with how to communicate with parents. Dr. Salmon is widely considered a national and international expert in vaccine safety and factors impacting vaccine acceptance.

Keywords

Vaccine, Immunization, Infectious Diseases, Epidemiology, Health Policy, Public Health Practice

EXHIBIT C

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Main	Line Health, Inc. and Main Line Healt	h, Inc. Subsidiaries
	Working Together to Serve the Co	mmunity
This policy applicable	All Subsidiaries All Hospitals	BMRH MLHC
to:	All Acute Care Hospitals	Mirmont Treatment Center

EMPLOYEE HEALTH POLICY AND PROCEDURE MANUAL

Subject:

COVID-19 Vaccination Policy, Non-patient

Policy Purpose:

To protect patients, employees, students, volunteers, and members of the Medical Staff from COVID-19 infection through vaccination.

Policy Statement:

All Main Line Health (MLH) employees and appointees to the Main Line Hospitals and Bryn Mawr Rehabilitation Hospital Medical and SHP Staffs ("Medical Staff") must comply with the COVID-19 New Hire Vaccination Policy as outlined below.

Performed by:

MLH Occupational Health Services, Physicians, Registered Nurses, LPNs, Physician Assistants, and Medical Assistants under a Physician's direction.

Procedure

New Hires and Medical Staff Appointees:

- A. COVID-19 vaccination will be offered/required by MLH Occupational Health to on-boarding employees and Medical Staff as of September 1, 2021.
- B. The following will need to be met to be medically cleared to begin employment or practice at an MLH facility:
 - 1. Proof of two prior documented Pfizer or Moderna COVID-19 vaccines or one documented Johnson & Johnson COVID-19 vaccine
 - 2. Proof of one prior documented Pfizer or Moderna COVID-19 vaccine #1 at an outside event, with a scheduled time for vaccine #2 within 45-days.
 - 3. Documented COVID-19 vaccine #1 at MLH Occupational Health Services at the time of the on-boarding evaluation or MLH vaccine site, with a scheduled plan for vaccine #2 within 45-days.
 - 4. An approved religious or medical exemption. Forms are available through Occupational Health. Services.

Current Employees and Medical Staff:

- A. Main Line Health is requiring full vaccination for all MLH executives, directors, managers and Medical Staff by October 1, 2021. All other MLH employees will be required to be fully vaccinated by November 1, 2021.
- B. Employees and Medical Staff who have been vaccinated outside of Main Line Health are required to provide proof of vaccination by September 15, 2021.
- C. Employees will not be permitted to work after the established deadlines of October 1 and November 1, 2021 and will be given 2-weeks to initiate the vaccination process before termination of employment occurs.

Record Keeping / Vaccine Administration

- A. Occupational Health Services will maintain records of COVID-19 vaccinations for employees. The Medical Staff Office will maintain records of COVID-19 vaccination for Medical Staff.
- B. In the event of a COVID-19 vaccination shortage, MLH will evaluate the shortage and vaccination requirements and priorities for the entire health system. Occupational Health, Infection Prevention, Human Resources, Pharmacy, and Administration will conduct the evaluation with other departments as needed when vaccine shortages occur. COVID-19 vaccine will be offered to healthcare providers based on job function and risk of exposure to COVID-19. Priority will be given to those who provide direct hands-on patient care with prolonged face-to-face contact with patients and/or have the highest risk of exposure to patients with COVID-19.

Exemptions:

- A. Exemption to vaccination may be granted for a valid medical condition or sincerely held religious belief.
- B. New Hires, current Employees and Medical Staff requesting a medical exemption from the MLH COVID-19 vaccination requirement must provide proof such as a letter from their physician and complete the attached form (Appendix A). Requests made for temporary medical exemptions shall provide an exemption expiration date and may be renewed if necessary. Requests for a medical exemption will be evaluated by the COVID-19 Vaccine Exemption Review Committee. If a medical exemption is granted, the requesting individual will be notified in writing by Occupational Health Services within 2 weeks. If the request is granted for a permanent medical condition, another exemption does not need to be requested if COVID booster vaccines are recommended by the CDC.
- C. A request for a religious exemption from the COVID-19 vaccination requirement will be evaluated by the MLH COVID-19 Vaccine Religious Exemption Committee. A religious exemption from the vaccination requirement will be approved only for a sincerely held belief precluding COVID-19 vaccination that is religious in nature. Personal beliefs or opinions will not be sufficient to qualify for exemption from the COVID-19 vaccination requirement. A person requesting a religious exemption must complete the MLH Religious Exemption Form (Appendix B). Individuals requesting a religious exemption will be required to describe the sincerely held religious belief preventing them from receiving the COVID-19 vaccination. Additional information will be requested to support an individual's request for an exemption based upon a sincerely held religious belief, including but not limited to their prior vaccination history. Individuals whose beliefs are derived from an organized religion may submit documentation from individuals including leaders from that organization to support their request. Requests for exemptions and any supporting documentation will be submitted to MLH Human Resources or the MLH or Bryn Mawr Rehabilitation Hospital Medical Staff Credentials Committee, as applicable. The requesting person will be notified in writing by Human Resources or the MLH or Bryn Mawr Rehabilitation Hospital Medical Staff MEC within 2 weeks if the exemption has been granted or denied. An employee may appeal a denial within 5 days from the receipt of the decision, in writing to the MLH Senior Vice President, Human Resources and the MLH Senior Vice President, Legal Affairs / General Counsel. Medical Staff may appeal a denial in writing to the applicable Medical Staff MEC. This appeal will be reviewed, and the employee or appointee will be notified of the final decision within 2 weeks.
- D. If an exemption is granted, efforts will be made to reasonably accommodate the employee or Medical Staff while maintaining a safe work environment for patients, staff, and others. Weekly testing will be required for those granted a medical or religious exemption. Reasonable accommodations may include reassignment and additional infection prevention and control measures, among other things. While MLH will seek to identify reasonable accommodations for anyone who is granted a religious exemption, it is

possible that there may not be a reasonable accommodation that will allow every person with such an exemption to continue to work onsite while unvaccinated.

- E. Requests for medical and religious exemptions must be made by September 15, 2021. Appointees to the Medical Staff who request exemptions may not begin practice until the exemption is approved.
- E. Employees and Medical Staff may be subject to MLH Performance Management up to and including termination and/or administrative suspension of clinical privileges and referral to the Medical Executive Committee of Main Line Hospitals or Bryn Mawr Rehabilitation Hospital for appropriate action, as applicable, if any information provided in support of their exemption request is false.

References:

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html

Origination Date: 7/15/2021

Key Contact: System Medical Director, Employee Health and Safety, System Director, Infection Prevention

Approved: Covid-19 Steering Committee

EXHIBIT D

1 1 IN THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA 2 3 DAWN GRAY, Civil Action 4 No. Plaintiff, 2:23-cv-00263-KNS 5 VS. 6 MAIN LINE HOSPITALS, INC., 7 Defendant. 8 9 10 11 12 VIDEOTAPED ZOOM DEPOSITION OF GREG PAPA 13 Thursday, August 24, 2023 14 15 16 17 18 19 20 21 22 23 ELECTRONIC DISTRIBUTION, FORWARDING OR REPRODUCTION OF THIS TRANSCRIPT IS PROHIBITED WITHOUT AUTHORIZATION 24 FROM THE CERTIFYING AGENCY 25 EXLER REPORTING 412-221-4007

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1	VIDEOTAPED ZOOM DEPOSITION OF GREG PAPA,	1	<u> I N C</u>	<u>/ L </u>
2	a witness herein, called by the Plaintiff for	_		
3	examination, taken pursuant to the Federal Rules of	2		
4	Civil Procedure, by and before Margaret J. Exler, a			
5	Registered Professional Reporter and Notary Public in	3	WITNESS	: GREG PAPA
6	and for the Commonwealth of Pennsylvania, held remotely	4		
	• • • • • • • • • • • • • • • • • • • •	5	EXAMINATION:	<u>PAGE</u>
7	with all participants appearing via Zoom, on Thursday,	6		
8	August 24, 2023, at 2:29 p.m.	7	BY MR. DALLER	6
9		8	BY MR. HENNESSY	122
10		9	BY MR. DALLER	127
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12		11		
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13		12	EXHIBITS:	<u>PAGE</u>
14		13		
15		14	NO. 1 - MLH GRAY BATES	
16		15	NO. 2 - COVID-19 VACCII	NE RELIGIOUS47
17		16	EXEMPTION FORM	
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1	APPEARANCES:			
2	For the Plaintiff:	1	PROCE	EDINGS
3	JOHN A. DALLER, ESQUIRE	2		
	Daller Law Firm	3	THE VIDEOGR	APHER: Good afternoon. My
4	P.O. Box 162 510 Pittsburgh Street	4	name is Pat O'Malley and I a	m a legal videographer with
5	Mars, PA 16046	5	Litigation Advantage.	a regar reacegraphic
	724-201-2050	6	•	just 24th, 2023, and the
6	johndaller@daller-law.com	_	,	' ' '
7	For the Defendant:	7	time is approximately 2:29 p	-
		8		g Papa in the matter of Dawn
8	BRENDAN D. HENNESSY, ESQUIRE Hennessy Law	9	Gray, Plaintiff, versus Main L	ine Hospitals, Inc.,
9	101 Lindenwood Drive, Suite 225	10	Defendants.	
	Malvern, PA 19355	11	This case is filed in	the United States
10	484-875-3111 bhennessy@hennessylawfirm.com	12	District Court for the Eastern	District of Pennsylvania.
11	bitetitiessy@fietitiessylawiffiii.com	13	Number 2:23-cv-00263-KNS	-
	Also Present:			today is Megan Exler from
12	DATRICK O'MALLEY ECOUIDE	14	•	today is megali exter from
13	PATRICK O'MALLEY, ESQUIRE Litigation Advantage, LLC	15	Exler Reporting.	
	4411 Gibsonia Road, Suite 5	16		identify yourselves,
14	Gibsonia, PA 15044	17	beginning with the noticing a	attorney, state whom you
15	412-486-3325 pomalley@litadvantage.com	18	represent, and our court rep	orter will then swear in our
'	-	19	witness?	
16	Dawn Gray, Plaintiff	20		John Daller representing
17		21	Plaintiff, Dawn Gray.	zz zaa. rapresanting
		41		V. This is Busyd
18 19		~~		Y: This is Brendan Hennessy
18 19 20		22		,
18 19 20 21		22 23	representing Defendant, Mai	,
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18 19 20 21 22 23 24	EXLER REPORTING 412-221-4007	23 24	representing Defendant, Mai EXLER	n Line Hospitals, Inc.

6 8 Greg Papa - by Mr. Daller Greg Papa - by Mr. Daller Okay? 1 GREG PAPA, 1 2 a witness herein, having been first duly sworn, was 2 Α. Okay. examined and testified as follows: 3 Now, I have deposed you in other cases for 3 4 Main Line regarding COVID. I'm aware of those. 4 **EXAMINATION** 5 BY MR. DALLER: 5 Have you been deposed in any other COVID 6 All right. Good morning -- or good afternoon discrimination cases? 6 7 7 Yes. Α. again --8 Good afternoon. 8 Okav. Which cases were those? Α. 9 -- Mr. Papa. So as you know, I'm going to ask 9 I can't remember their specific names. I've 10 you a series of questions today. You know, the purpose 10 been deposed. 11 is to -- for me to learn what your testimony would be at 11 Q. Uh-huh. 12 12 trial. Α. I believe two times: Once with you and once 13 Because we have a court reporter taking down 13 with another --14 what we say and things that are being recorded, it is 14 Q. 15 important that we let each other finish, you know, 15 -- for another employee. Α. speaking so we don't speak over each other. 16 16 Q. Okay. And you've been at Main Line for how 17 Agree? 17 long now? A. Yes. 18 18 Α. Since 2006. 19 Okay. And if I do it by accident, I apologize Q. 19 Q. Okay. And your current role is what? 20 in advance, and please just tell me, "Hey. I wasn't 20 Vice president of human resources. 21 finished." 21 Okay. And do you personally know Mrs. Gray? 22 Okav? 22 I do not. Α. 23 A. I will. 23 Okay. Have you -- did you meet her at any 24 Q. All right. If you don't understand my 24 time during the course of her application for a question, please ask me to clarify it. Otherwise, I'll 25 religious exemption? **EXLER REPORTING EXLER REPORTING** 412-221-4007 412-221-4007 7 9 Greg Papa - by Mr. Daller Greg Papa - by Mr. Daller 1 anticipate that you're asked -- answering it the way I 1 A. I did not. 2 meant it to be asked. 2 Okay. And have you done any training since we 3 -- in terms of COVID, how to view a religious exemption Okay? 3 Okay. 4 Α. 4 request that deals with COVID? 5 Q. All right. And, again, because Megan is 5 Any specific training --6 taking things down, we have to verbalize our responses 6 No. Α. 7 rather than just nodding what we might do in normal 7 -- in that regard? No, okay. 8 conversation. 8 Have you done any specific training in evaluating a religious exemption request, in general, 9 Okav? 9 10 A. Okay. 10 regardless of the reason for it? Q. All right. And are you taking any type of 11 11 A. No. 12 prescription or nonprescription medications that could 12 Q. No, okay. And you have not done any specific 13 impair your ability to understand my questions training as to any of the medical aspects of COVID, 13 correct? 14 completely or answer them completely? 14 15 15 Α. A. Correct. 16 Okay. And -- now, I understand you have a 16 Okay. And now, as vice president of human Q. Q. 17 hard stop today? A time constraint? 17 resources, you're a human resource professional, 18 I do. One second. 18 correct? 19 19 Q. I think -- you know --Α. Correct. 20 I don't. I don't. 20 Q. Okay. And do you know Sarah Heilman? Α. 21 You don't, okay. 21 Α. 22 22 Α. No. Q. Okay. Who is she? 23 Well, I mean, if you do need to take a break, 23 Δ. Sarah is the director of human resources for 24 please let me know. You know, I would anticipate we're 24 Paoli Hospital. only going to be here a couple of hours, though. 25 25 Okay. So in that role, would she have been, **EXLER REPORTING EXLER REPORTING** 412-221-4007 412-221-4007

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	10		12
	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
1	for want of a better term, the human resource partner	1	A. Infection prevention.
2	for Mrs. Gray?	2	Q . Okay.
3	A. Yes.	3	A. But I don't
4	Q. Okay. All right. And have you ever spoke to	4	Q. Would that have been including Dr. Brett
5	Ms. Heilman about Mrs. Gray's religious exemption	5	Gilbert?
6	request?	6	A. At the time, yes.
7	A. No.	7	Q. Okay. And then was Dr. Stallkamp involved in
8	Q. No, okay. Have you ever spoken to her about	8	the creation of the policy?
9	her termination at all?	9	A. Yes.
10 11	A. I spoke to Sarah in regards to the	10 11	Q. Okay. A. And then Dr. Bindu Kumar.
12	unemployment.Q. In regards to Mrs. Gray's unemployment claim?	12	A. And then Dr. Bindu Kumar. Q. Okay.
13	A. Correct.	13	A. She was the employee health physician.
14	Q. Okay. And what did that conversation entail?	14	Q. Okay. All right. And Dr. Kumar was also on
15	A. That Sarah would attend the unemployment	15	the was the chair of the Medical Exemption Committee,
16	hearing. I didn't go over specifics with Sarah, but we	16	correct?
17	had a conversation which I remember which I don't	17	A. That's correct.
18	really remember the entire conversation, but just that	18	Q. Okay. All right. And are you aware if
19	she was going to be present at the unemployment hearing.	19	Dr. Kumar ever spoke to any individuals who originally
20	I believe she was.	20	were denied their exemption by her committee?
21	Q. Okay. And did you discuss the substance of	21	A. Can you rephrase the question?
22	any of her testimony with her?	22	Q. Sure. Are you aware
23	A. I did not.	23	A. Or repeat it.
24	Q. You did not, okay.	24	Q of whether Dr. Kumar ever had any
25	And are you aware of what her testimony would	25	discussions with any individuals requesting a medical
	EXLER REPORTING 412-221-4007		EXLER REPORTING 412-221-4007
	412-221-4001		412-221-4001
	11		13
	11 Greg Papa - by Mr. Daller		13 Greg Papa - by Mr. Daller
1	Greg Papa - by Mr. Daller	1	Greg Papa - by Mr. Daller
1 2	Greg Papa - by Mr. Daller have been during that hearing?	1 2	Greg Papa - by Mr. Daller exemption?
1 _	Greg Papa - by Mr. Daller have been during that hearing? A. No.		Greg Papa - by Mr. Daller exemption? A. I don't know specifics. I don't know the
1 2 3 4	Greg Papa - by Mr. Daller have been during that hearing?	2	Greg Papa - by Mr. Daller exemption?
3	Greg Papa - by Mr. Daller have been during that hearing? A. No. Q. Okay. Did she ever express to you that in her	2	Greg Papa - by Mr. Daller exemption? A. I don't know specifics. I don't know the specific individuals, but I do I was aware that she
3 4	Greg Papa - by Mr. Daller have been during that hearing? A. No. Q. Okay. Did she ever express to you that in her belief, as a human resource professional, that	2 3 4	Greg Papa - by Mr. Daller exemption? A. I don't know specifics. I don't know the specific individuals, but I do I was aware that she spoke to individuals about their their health history
3 4 5	Greg Papa - by Mr. Daller have been during that hearing? A. No. Q. Okay. Did she ever express to you that in her belief, as a human resource professional, that Mrs. Gray's exemption request should have been granted?	2 3 4 5	Greg Papa - by Mr. Daller exemption? A. I don't know specifics. I don't know the specific individuals, but I do I was aware that she spoke to individuals about their their health history and some of their concerns. I don't know if that was every time. I don't know if there was follow-up. She did provide other guidance to them during
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3 4 5 6 7 8 9 10 11 12 13	Greg Papa - by Mr. Daller have been during that hearing? A. No. Q. Okay. Did she ever express to you that in her belief, as a human resource professional, that Mrs. Gray's exemption request should have been granted? A. No. Q. Okay. And can you refresh my memory? What was your role in the creation of the COVID-19 vaccination policy? A. So I worked with legal, and I also worked with employee health to craft the policy. Q. Okay. A. Infection prevention. Employee health. It	2 3 4 5 6 7 8 9 10 11 12	Greg Papa - by Mr. Daller exemption? A. I don't know specifics. I don't know the specific individuals, but I do I was aware that she spoke to individuals about their their health history and some of their concerns. I don't know if that was every time. I don't know if there was follow-up. She did provide other guidance to them during the process, but I'm not sure if that was with every individual. Q. Okay. And are you aware if, following those conversations, any individual's exemption requests were granted? A. I do not know that answer.
3 4 5 6 7 8 9 10 11 12 13 14	A. No. Q. Okay. Did she ever express to you that in her belief, as a human resource professional, that Mrs. Gray's exemption request should have been granted? A. No. Q. Okay. And can you refresh my memory? What was your role in the creation of the COVID-19 vaccination policy? A. So I worked with legal, and I also worked with employee health to craft the policy. Q. Okay. A. Infection prevention. Employee health. It was interdisciplinary.	2 3 4 5 6 7 8 9 10 11 12 13 14	exemption? A. I don't know specifics. I don't know the specific individuals, but I do I was aware that she spoke to individuals about their their health history and some of their concerns. I don't know if that was every time. I don't know if there was follow-up. She did provide other guidance to them during the process, but I'm not sure if that was with every individual. Q. Okay. And are you aware if, following those conversations, any individual's exemption requests were granted? A. I do not know that answer. Q. Do you know if she ever spoke to anybody who
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	14		16
	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
1	Dr. Gilbert were kind of the medical experts who and	1	Q. Okay. Were they primarily there in a
2	Dr. Kumar who guided the development of the policy?	2	supporting role, or did they report you know, like
3	MR. HENNESSY: Object to form, but if you	3	give information of those best practices and what people
4	can answer, go ahead.	4	were doing?
5	THE WITNESS: I the thing I would say	5	A. I'm not sure.
6	that they were part of developing the policy. I don't	6	Q. Okay.
7	know to which extent they they used best practice in	7	A. Yeah.
8	the medical community or from other other sources,	8	Q. All right. Do you know what some of the
9 10	other institutions that had a similar process. Legal was involved. Human resources was	10	external sources were that the doctors considered or that they spoke about to the committee?
11	involved. So it was very interdisciplinary, and I can't	11	A. The only thing I could comment on is best
12	say for sure that they were the main	12	practice in the community. So other hospitals, what
13	THE REPORTER: I can't hear you. I cannot	13	policies they were using, if we wanted to review and
14	hear the witness.	14	read those policies.
15	MR. DALLER: Oh. Go ahead.	15	I can't tell specifics, but I know there was
16	THE WITNESS: Can everyone else hear me?	16	some best practice from other health care institutions
17	THE REPORTER: Can you hear me?	17	brought into the creation of our policy.
18	MR. DALLER: I can hear you, Megan, and I	18	Q. Okay. And would you say that Main Line Health
19	can hear Mr. Papa.	19	sort of followed what the other local health care
20	THE REPORTER: I'm not hearing anything.	20	systems were doing, in general?
21	MR. DALLER: Are you hearing me?	21	MR. HENNESSY: Objection.
22	THE WITNESS: We can't hear you now.	22	THE WITNESS: A combination.
23	MR. DALLER: Patrick, why don't we go off	23	BY MR. DALLER:
24	the record while we try and fix this?	24	Q. A combination?
25	THE VIDEOGRAPHER: Sure. Off the record	25	A. Sure.
	EXLER REPORTING		EXLER REPORTING
	412-221-4007		412-221-4007
	15 Greg Papa - by Mr. Daller		17 Greg Papa - by Mr. Daller
	Crog r upu - by Wir. Buildi		Grog Fupu by Wil. Bullot
1	at 2:40 p.m.	1	Q . All right. But can you give me an example of
2	·		
_	(Whereupon, a brief recess took place due	2	something that they did not follow?
3	(Whereupon, a brief recess took place due to connection issues.)	3	
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	18		20
	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
1	or the Teams call dial-ins, who dialed into that	1	 Q . Uh-huh.
2	specific Teams call.	2	A. I recall on a few times where I had to say,
3	Q. Okay. All right. And did you keep any	3	"Your thoughts on this." Very rarely, but I had to I
4	written notes from the meeting?	4	didn't say, you know, "We'd like to know your vote or
5	A. I didn't keep any written notes. We had a log	5	your thoughts on this," and then we if we were all
6	where I wrote a brief excuse me explanation of the	6	good with the decision, and we did not move on until we
7	denial or the acceptance.	7	were we were all in favor of the acceptance or the
8	Q. Okay. And was that log on your computer then?	8	denial.
9	A. It was on the Teams chattel, yes.	9	Q. Okay. So, in other words, then, there could
10	Q . Okay. So like a share drive?	10	be situations where somebody originally was against it,
11	A. Yes.	11	but because of continued discussion, they just went
12	Q. Okay. Was there any recording of sort of the	12	along with the group then and concluded yes?
13	substance of the discussion around a given application?	13	Since you know, to vote one way or the
14 15	A. No.	14	other, go along with the consensus, in other words,
16	Q. No. So there would be no record if well, strike that.	15 16	because that's the direction that the group was going in?
17	You did not take a vote, correct, on whether	17	A. I wouldn't characterize it
18	to approve or deny a request?	18	MR. HENNESSY: I just want to assert an
19	A. We gave everyone a chance to answer if they	19	objection to the form.
20	wanted to approve it or not.	20	Go ahead.
21	Q. Okay. And in terms of Mrs. Gray's	21	THE WITNESS: I wouldn't characterize it
22	application, do you recall, when you went around and did	22	as that. That the committee discussed the form and
23	that the first time, what the results of that poll was?	23	asked questions. It was more questioning to either the
24	A. I don't know the first time, but we never	24	chaplain or to the HR policy or to the physician. It
25	we never had a situation in which we had to take a	25	was more answering and asking questions rather than "I
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	412-221-4007		412-221-4007
	19		21
1	19 Greg Papa - by Mr. Daller 	1	21 Greg Papa - by Mr. Daller
1 2	19	1 2	Greg Papa - by Mr. Daller don't think it should have been this way," or, "I think
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	22		24
	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
1	MR. DALLER: And if you can pull up the	1	Q. Sure. So when people the members of the
2	exhibit marked Bates 1248, the criteria?	2	committee reviewed a religious exemption request and
3	THE VIDEOGRAPHER: (Indicating.)	3	they used these guiding principles in this document,
4	BY MR. DALLER:	4	right?
5	Q . Is this the criteria that you were	5	A. Uh-huh.
6	referencing?	6	Q. Was the presence of one of those criteria
7	A. Yes.	7	sufficient to deny the application then?
8	Q. Okay. And if I understood correctly, you and	8	A. Again, these were guiding principles, so we
9	Mr. Mendicino created this, correct?	9	relied on this document as well as the discussion and
10	A. Correct.	10	the questions from each individual member of the
11 12	Q. Okay. Was this distributed then to the members of the group for those discussions?	11 12	committee to make a decision, and if we reviewed the
13	A. I'm not sure if it was distributed or we	13	form and we felt it after the questions and after the person with the information had, you know, sufficiently
14	reviewed this. I I believe it was distributed via	14	answered the question, we would look to see if it fit
15	e-mail. I'm not a hundred percent sure.	15	here.
16	Q. Uh-huh. Okay.	16	But, again, these were guiding principles, and
17	MR. HENNESSY: I just want to note for the	17	all of the different factors we took into consideration.
18	record that Bates label on this is MLH Gray 01920.	18	Q. Okay. All right. And you testified that you
19	MR. DALLER: Okay.	19	were a member of the committee that considered
20	MR. HENNESSY: You didn't stamp it with an	20	Mrs. Gray's, correct?
21	exhibit or anything. I just want to make sure it's	21	A. Right.
22	clear for the record what document it is.	22	Q. Okay. Now, when you were on that committee
23	MR. DALLER: Yeah. They'll make this	23	well, you don't have any specific medical training,
24	Exhibit 1.	24	correct?
25	(Whereupon, Pap Deposition Exhibit No. 1	25	A. No.
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	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
1	was identified for the record.)	1	Q. Okay. So if there was a discussion of a
2	BY MR. DALLER:	2	medical issue that was raised in an application, maybe a
3	Q. So you referred to these as, I think, guiding	3	statement that was made, okay, by the applicant, would
4	principles, if I remember correctly; is that right?	4	you rely upon the medical expert's opinion regarding
F	• • • •		, , ,
5	A. Correct.	5	that statement in informing your decision as to whether
6	A. Correct.Q. Okay. And how was was the group instructed	6	that statement in informing your decision as to whether the exemption should be approved or denied?
6 7	A. Correct.Q. Okay. And how was was the group instructed on how to use these?	6 7	that statement in informing your decision as to whether the exemption should be approved or denied? MR. HENNESSY: Objection to form.
6 7 8	 A. Correct. Q. Okay. And how was was the group instructed on how to use these? A. In reviewing the form. When reviewing the 	6 7 8	that statement in informing your decision as to whether the exemption should be approved or denied? MR. HENNESSY: Objection to form. Go ahead.
6 7 8 9	 A. Correct. Q. Okay. And how was was the group instructed on how to use these? A. In reviewing the form. When reviewing the form, this is what this is what would could 	6 7 8 9	that statement in informing your decision as to whether the exemption should be approved or denied? MR. HENNESSY: Objection to form. Go ahead. THE WITNESS: I asked me personally
6 7 8 9 10	A. Correct. Q. Okay. And how was was the group instructed on how to use these? A. In reviewing the form. When reviewing the form, this is what this is what would could potentially constitute a denial, and then, you know,	6 7 8 9 10	that statement in informing your decision as to whether the exemption should be approved or denied? MR. HENNESSY: Objection to form. Go ahead. THE WITNESS: I asked me personally and, I believe, other members of the committee, if we
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6 7 8 9 10 11 12 13	A. Correct. Q. Okay. And how was was the group instructed on how to use these? A. In reviewing the form. When reviewing the form, this is what this is what would could potentially constitute a denial, and then, you know, what constituted an acceptance. Q. Okay. Was there a like, if they could categorize the religious exemption request as fitting into one of those statements that are listed under Denial, that would be sufficient then to provide a	6 7 8 9 10 11 12 13 14	that statement in informing your decision as to whether the exemption should be approved or denied? MR. HENNESSY: Objection to form. Go ahead. THE WITNESS: I asked me personally and, I believe, other members of the committee, if we did not understand something that was medical in nature, that we would ask the question. We didn't rely solely on them to if they said something, we asked them for we asked them for
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6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	A. Correct. Q. Okay. And how was was the group instructed on how to use these? A. In reviewing the form. When reviewing the form, this is what this is what would could potentially constitute a denial, and then, you know, what constituted an acceptance. Q. Okay. Was there a like, if they could categorize the religious exemption request as fitting into one of those statements that are listed under Denial, that would be sufficient then to provide a denial? MR. HENNESSY: I'm going to object to form. And also, I mean, there's been some testimony on this document. If the witness wants to read the document to refresh his recollection, I want to give him an opportunity to do so. But go ahead if you're comfortable answering the question. THE WITNESS: Can you repeat the question?	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	that statement in informing your decision as to whether the exemption should be approved or denied? MR. HENNESSY: Objection to form. Go ahead. THE WITNESS: I asked me personally and, I believe, other members of the committee, if we did not understand something that was medical in nature, that we would ask the question. We didn't rely solely on them to if they said something, we asked them for we asked them for clarification. If they gave the answer, we weighed it against these guiding principles, against what the individual employee wrote on the form to make our decisions. So we used them as as an expert to make the decision, but they weren't if the medical professional said this or gave an example of something, we did not automatically accept that without discussion and review of the form, review of the process. BY MR. DALLER:
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. Correct. Q. Okay. And how was was the group instructed on how to use these? A. In reviewing the form. When reviewing the form, this is what this is what would could potentially constitute a denial, and then, you know, what constituted an acceptance. Q. Okay. Was there a like, if they could categorize the religious exemption request as fitting into one of those statements that are listed under Denial, that would be sufficient then to provide a denial? MR. HENNESSY: I'm going to object to form. And also, I mean, there's been some testimony on this document. If the witness wants to read the document to refresh his recollection, I want to give him an opportunity to do so. But go ahead if you're comfortable answering the question. THE WITNESS: Can you repeat the question?	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	that statement in informing your decision as to whether the exemption should be approved or denied? MR. HENNESSY: Objection to form. Go ahead. THE WITNESS: I asked me personally and, I believe, other members of the committee, if we did not understand something that was medical in nature, that we would ask the question. We didn't rely solely on them to if they said something, we asked them for we asked them for clarification. If they gave the answer, we weighed it against these guiding principles, against what the individual employee wrote on the form to make our decisions. So we used them as as an expert to make the decision, but they weren't if the medical professional said this or gave an example of something, we did not automatically accept that without discussion and review of the form, review of the process. BY MR. DALLER: Q. Okay. So if the medical expert would say that
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	A. Correct. Q. Okay. And how was was the group instructed on how to use these? A. In reviewing the form. When reviewing the form, this is what this is what would could potentially constitute a denial, and then, you know, what constituted an acceptance. Q. Okay. Was there a like, if they could categorize the religious exemption request as fitting into one of those statements that are listed under Denial, that would be sufficient then to provide a denial? MR. HENNESSY: I'm going to object to form. And also, I mean, there's been some testimony on this document. If the witness wants to read the document to refresh his recollection, I want to give him an opportunity to do so. But go ahead if you're comfortable answering the question. THE WITNESS: Can you repeat the question?	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	that statement in informing your decision as to whether the exemption should be approved or denied? MR. HENNESSY: Objection to form. Go ahead. THE WITNESS: I asked me personally and, I believe, other members of the committee, if we did not understand something that was medical in nature, that we would ask the question. We didn't rely solely on them to if they said something, we asked them for we asked them for clarification. If they gave the answer, we weighed it against these guiding principles, against what the individual employee wrote on the form to make our decisions. So we used them as as an expert to make the decision, but they weren't if the medical professional said this or gave an example of something, we did not automatically accept that without discussion and review of the form, review of the process. BY MR. DALLER:

Case 2:23-cv-00263-KNS Document 21/2 Filed 10/02/23 Page 140 of 265 26 28 Greg Papa - by Mr. Daller Greg Papa - by Mr. Daller 1 there was something in an application that was incorrect 1 O So the mere fact that they talked about medicine or bad science or something like that, how 2 something medical would not lead to a denial of their 3 3 would that -- what would happen during those discussions religious exemption; is that correct? 4 4 then? No. I think we weighed everything. We -- we 5 Α. We would ask clarifying questions, follow-up looked at the form, the way it was written. 6 6 questions, and if we felt that the answer was -- you So, again, we asked questions. We -- we 7 know, if we -- we answered -- asked questions until we 7 approached every individual request and looked at these quiding principles, asked questions, had discussion and 8 were satisfied or until we understood the answer, and 9 9 then made some decisions. dialogue amongst the committee. 10 10 Okay. Do you recall any time when the Okay. So understanding that the criteria that 11 11 committee that you participated in approved a religious we're looking at here kind of were the guiding 12 exemption request when the medical expert who was there 12 principles, right, for the group, what were your guiding 13 13 said that this was bad science or bad medicine? principles, if you will, or the factors that you 14 14 Can you repeat that question? considered in reviewing a religious exemption? 15 15 MR. HENNESSY: Objection to form, but go Sure. Do you have any recollection of any of 16 the times when you were at a committee meeting where the 16 ahead. 17 medical expert would say, "This is bad science," or, 17 THE WITNESS: I reviewed the guiding 18 18 "incorrect medicine," something to that effect, and the principles against the form. I looked for consistency, 19 19 committee would still approve the exemption request? and I looked that there was a connection to the COVID-19 20 I can't remember any of that. No. I don't 20 vaccine. 21 21 remember that conversation or that type of conversation BY MR. DALLER: 22 22 having occurred. Q. Okay. So in addition to the principles, you 23 23 I think members of the committee would read looked for consistency and the connection of what? 24 the form and say, "This sounds like it's scientific in 24 Their belief to the vaccine? 25 25 nature," or, "This sounds like it's medical in nature," What was the connection to the vaccine that **EXLER REPORTING EXLER REPORTING** 412-221-4007 412-221-4007 27 29 Greg Papa - by Mr. Daller Greg Papa - by Mr. Daller 1 1 and maybe the medical professional would explain it. you were looking for? 2 2 Maybe they didn't feel they had to explain it. That it was religious in nature. 3 3 So they were more types of the conversations Q. Okay. And so help me to understand 4 that we had. 4 consistency. 5 5 Okay. Can someone have a sincerely-held What -- what factors did you consider to 6 6 religious belief that warrants an exemption, warrants a determine whether something was consistent? 7 religious exemption and speak about medical conditions 7 The timing of the -- the religious belief. 8 8 Timing of the religious belief, and taking vaccines, not or situations within their application? 9 MR. HENNESSY: I'm going to object to 9 taking vaccines. Taking certain vaccines, not taking 10 form, but go ahead. 10 others. They would be some examples that come to mind. 11 11 THE WITNESS: We considered the entire Okay. So by timing, I'm -- would another word 12 body of the form. The consistency of the person's 12 for that be long-standing? 13 13 responses. So in some cases, yes, that could have In other words, how long-standing the belief 14 definitely caused us to deny a religious exemption based 14 was? 15 15 MR. HENNESSY: Objection. Form. on that inconsistency. 16 16 BY MR. DALLER: THE WITNESS: I mean, long-standing is 17 17 part of the consistency and timing, sure, it was. O What would the inconsistency be? 18 That it was not religious in nature. That it 18 BY MR. DALLER: Δ 19 19 was medical or scientific. Q. Okay. 20 20 Okay. Do you believe that religious beliefs You know, long-standing was one of the -- one 21 can impact your medical decisions? 21 of the criteria or quiding principles we looked at, but 22 22 MR. HENNESSY: Objection to form. certainly you could look at, you know, consistency and

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to "Is it religious in nature?" And then the timing of

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it when -- you know, going back to the word

long-standing would be.

THE WITNESS: Re- -- yes, I do. That's

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why we had this process.

BY MR. DALLER:

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	30		32
	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
1	Was it did this belief just happen, or was it	1	A. Yeah.
2	some long-standing belief?	2	Q. So if there is a religious foundation for why
3	Q. Okay. All right. And in terms of you said	3	take one vaccine but not the other, is that something
4	taking other vaccines, correct?	4	that you would believe is inconsistent if they made that
5	A. Correct.	5	statement?
6	Q. Okay. Can you explain how that would impact	6	A. We would review religious reason for each
7	your decision?	7	vaccine, and flu and COVID are the two that we make
8	A. There were some individuals who took the flu	8	mandatory.
9	vaccine and made statements that they do not inject	9	So we would look at their religious reason for
10	anything into their bodies. Their bodies are a temple.	10	requesting exemption separately: one for COVID, one for
11	So that's something to consider.	11	flu.
12	That's an example that comes to mind.	12	Q. Okay. So that somebody who takes the flu
13	Q. Okay. So are you saying that those, then, are	13	vaccine, they might still be able to take or still may
14	mutually exclusive?	14	not be able to take the COVID vaccine; is that correct?
15	MR. HENNESSY: Objection to form.	15	MR. HENNESSY: Objection to form.
16	THE WITNESS: Repeat that. Can you	16	THE WITNESS: Correct. Someone may take
17	restate that?	17	the COVID vaccine and not take the flu or vice versa.
18	BY MR. DALLER:	18	Sure. Or both.
19	Q. Yeah. Sure. Is that mutually exclusive then	19	BY MR. DALLER:
20	if you take the flu vaccine and you say that "I cannot	20	Q. Okay. And that could be for religious
21	inject anything into my body"?	21	reasons, correct?
22	A. No. It's something that we would consider.	22	A. Sure. That's what we're looking at.
23	So I don't think each one was boilerplate, but it's	23	Q. Okay. And that religious reason could be
24	certainly something to consider when looking at	24	based in the different interactions that each of those
25	consistency.	25	vaccines have with the body, correct?
	EXLER REPORTING		EXLER REPORTING
	412-221-4007		412-221-4007
	31		33
			33 Greg Papa - by Mr. Daller
	31 Greg Papa - by Mr. Daller 		Greg Papa - by Mr. Daller
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	34		36
	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
	- 5 1 ,		- 3 1 7
1	A. Can you restate the question?	1	A. Clinical I didn't do a clinical trial, but
	· · · · · · · · · · · · · · · · · · ·		·
2	Q. Well, I had asked how you make that	2	I did my research on the vaccine that we were giving at
3	determination, and if I understood you correctly, you	3	Main Line Health.
4	said you looked at how taking the vaccine or not taking	4	Q. Okay. Have you read any medical literature
5	the vaccine influences your religious belief.	5	about COVID, you, yourself?
6	Is that correct?	6	A. Yes.
7	A. We look at not how taking the vaccine is	7	Q. Okay. Can you tell me what you've read?
8	against or it causes a is against your religious	8	A. I've read information on COVID that was
9	belief. That how the vaccine how taking the vaccine	9	provided by our health system.
		_	
10	affects your religious belief. How that would alter	10	Q. Has your health system done any independent
11	your religious belief.	11	research to determine the safety or efficacy of the
12	Q . By alter the religious belief, do you mean	12	COVID vaccine?
13	impact the religious belief?	13	A. Yes.
14	A. Sure. Yes, impact your religious belief.	14	Q. They have?
15	Q. Okay. Now, you don't anticipate or you don't	15	A. Yes.
16	have an opinion as to the how the vaccine works, its	16	Q. What research has Main Line Health done itself
17	safety, its efficacy. Anything like that, anything to	17	to determine safety and efficacy of the vaccine?
18	do with medicine or science as it relates to the	18	A. I don't know specifics. Our pharmacy did
19		19	research, ordering the medication, and that's one piece.
	vaccine; is that correct?		
20	A. No.	20	How to safely administer. How to safely store.
21	Q. Okay.	21	So they've done the research on the COVID
22	A. I do have our I meant no, that I do have	22	vaccine.
23	a knowledge of that.	23	Q. Have they now, that's research in terms of
24	We are giving the vaccine to our employees,	24	using a vaccine. I mean, any hospital is going to do
25	and it was safe for the communities. It was safe for	25	that for any product or device that they use.
	EXLER REPORTING		EXLER REPORTING
	412-221-4007		412-221-4007
			27
	35		3/
	35 Greg Papa - by Mr. Daller		37 Greg Papa - by Mr. Daller
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	38		40
	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
	- 3 1 3		- 3 1 3
1	So there was research done.	1	A. Yes.
2	Q. So your recommendations on whether a religious	2	Q . Okay. What religion?
3	exemption request should be approved was based upon your	3	A. Catholic.
4	knowledge of whether a religious exemption request	4	Q. Catholic, okay. And did Catholic beliefs
5	demonstrated a sincerely-held religious belief?	5	influence your decision at all?
6	MR. HENNESSY: Objection. Form.	6	A. They did not.
7		7	Q. Nothing the Pope said influenced your
8	THE WITNESS: My reasons for accepting and denying were based off of these guiding principles that	8	decision?
	, -	9	A. No.
9	you have in front of me, the dialogue between our	_	
10	interdisciplinary committee, the questions that were	10	Q. Okay. Can you be Catholic and not follow
11	raised, and the forms that were provided by the	11	things that the Pope says?
12	employee.	12	A. I don't think so. I don't practice
13	BY MR. DALLER:	13	Catholicism any more. I think if you're going to be
14	Q. Okay. And you used your knowledge, then, to	14	Catholic, you have to follow what the Pope says, so
15	evaluate the things you just mentioned, correct?	15	that's my personal belief, if you're asking me about the
16	A. Yes.	16	Catholicism, not about this process.
17	Q. Okay. Did you use your personal beliefs in	17	Q. Okay. About Catholicism. I'm trying to
18	evaluating them?	18	understand the religious framework that you brought to
19	MR. HENNESSY: Objection to form.	19	these evaluations.
20	THE WITNESS: I did not.	20	So you believe that if you're Catholic, you
21	BY MR. DALLER:	21	have to follow what the Pope says?
22	Q . You did not, okay.	22	A. I mean, I I don't believe you have you
23	Now, did anybody tell the committee looking at	23	can be Catholic and you can celebrate Catholicism how
24	Mrs. Gray's exemption request how or what the	24	you want, but I think a portion of that is following the
25	determination should be of the group?	25	Pope. I don't know I'm sure you could be Catholic
	EXLER REPORTING		EXLER REPORTING
	412-221-4007		412-221-4007
	39		41
	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
1	A. No.	1	and follow some of it, but I think for the most part, if
2	A. No. Q. And I think you testified that you did not	2	and follow some of it, but I think for the most part, if you're Catholic, you're following what the Pope says,
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	42		44
	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
	5 g · - p · · · · · · · · · · · · · · · · ·		
1	THE WITNESS: I mean, I think you could do	1	come up with a decision.
_	you could be religious and say you're a Catholic and	2	•
2	, , ,		Q. Okay. Based upon the writings that they
3	not I think it's with you. Between you and that	3	submitted, correct?
4	higher power, whatever that higher power is, and, again,	4	A. Based upon the form and the policy.
5	you listen to people on earth for some guidance, but at	5	Q. And would you agree that some people write
6	the end of the day, I feel it's between you and that	6	better than others?
7	higher power, whatever that higher power looks like, and	7	A. Yes.
8	I respect that.	8	Q. Would you agree that some people, because of
9	BY MR. DALLER:	9	their level of training, may write significantly better
10	Q. Okay. So if somebody has a that	10	than others?
11	relationship with a higher power, as you call it, and	11	A. Sure.
12	makes their decisions based upon those beliefs, you	12	Q. Would you agree that interpretation of a
13	believe that's consistent with being religious, correct?	13	writing is also dependent upon the reader's knowledge,
14	MR. HENNESSY: Objection. Form.	14	correct?
15	THE WITNESS: Yeah, I don't know. I don't	15	A. All
16	know in every situation. I'm not going to state that.	16	MR. HENNESSY: Hey, John and I'm going
17	I wouldn't feel comfortable commenting on that.	17	to John, is there a reason we need to have this
18	BY MR. DALLER:	18	the Exhibit 1 up still? You can
19	Q. But in general terms? I mean, obviously,	19	MR. DALLER: Oh, no. We can take it down.
20	there's always specifics.	20	MR. HENNESSY: Okay. All right. I think
21	MR. HENNESSY: Objection. Form.	21	that's a little bit confusing. Thanks.
22	THE WITNESS: No. I still I still	22	MR. DALLER: Okay.
23	don't know the circumstances around your example.	23	THE VIDEOGRAPHER: (Indicating.)
24	So I just believe it's a conversation where	24	MR. DALLER: So
25	it's a feeling or whatever it is between you and your	25	MR. HENNESSY: And I may have interrupted.
23	EXLER REPORTING	23	EXLER REPORTING
	412-221-4007		412-221-4007
	43		45
	43 Greg Papa - by Mr. Daller		45 Greg Papa - by Mr. Daller
	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
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	46		48
	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
1	BY MR. DALLER:	1	handwritten ones to familiarize yourself with the
2	Q. Correct?	2	questions, and then also do what you want to convince
3	A. Correct.	3	yourself that the typed page is what she handwrote?
4	Q. Okay. All right. And I think you said that	4	A. No.
5	you did not have any conversation with Mrs. Gray about	5	Q. No, okay. All right. So let's since we
6		6	
l _	her religious exemption request, correct?	7	have the thing up, let's just briefly go through.
7	A. Correct.	_	MR. DALLER: Start on Page 2, and if you
8	Q. And, to your knowledge, neither did anybody on	8	can blow up the questions just so we can read the
9	the committee, correct?	9	questions and okay. Because she refers on her typed
10	A. Correct.	10	portion to it.
11	Q. Okay. But you did read her request, correct?	11	THE VIDEOGRAPHER: (Indicating.)
12	A. I did, correct.	12	BY MR. DALLER:
13	Q. And to your recollection, before we look at	13	Q. So "Question 1: Please provide a personal
14	it, was there anything in it that you did not	14	statement detailing the sincerely-held beliefs that are
15	understand?	15	religious in nature regarding your COVID-19 vaccination
16	A. No.	16	objection, explaining why you are requesting this
17	Q. Okay. And can you define Christianity for me,	17	religious exemption, the principles that guide your
18	please?	18	objections, and the basis that prohibits vaccination."
19	MR. HENNESSY: Objection to form.	19	Okay?
20	THE WITNESS: It's a belief in God. A	20	A. Okay.
21	belief in the New Testament, the Old Testament. That's	21	Q. You agree that's the question, okay.
22	about as far as I could go.	22	And then Question 3 is, "Does the religious
23	MR. DALLER: Okay. And why don't we go	23	belief identified in Question 1 prevent you from
24	ahead and pull up the religious exemption request? And	24	receiving other vaccines or just the COVID vaccine?"
25	we're going to move around the document a little bit.	25	And you see that Mrs. Gray did write something
	EXLER REPORTING		EXLER REPORTING
	412-221-4007		412-221-4007
	47		49
	47		
	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
	Greg Papa - by Mr. Daller		
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	50		52
	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
	- 3 7		- 3
1	for any other type of religious accommodation during	1	was saying, correct? Or what the scripture verse was
2	your employment?" She did indicate no on that.	2	saying, correct?
3	And then let's look at Question 6 because she	3	A. No. We didn't ask the chaplain to interpret
4	didn't write anything in specifically there.	4	what the person was saying.
5	She states that "it derives from an organized	5	Q. You asked them to interpret what the scripture
6	religion?" She says, "Yes," and she stated nondenominal	6	verse meant, correct?
7	[sic] Christianity, correct, or she is a	7	A. If we had a question about the scripture or if
8	nondenominational Christian?	8	we didn't understand, we had asked for the chaplain to
9	A. Correct.	9	clarify the verse and how it relates to the COVID-19
10	Q. Okay. And did that, in and of itself, cause	10	vaccine, and not or either requesting on the
11	any concern that it was not a specific denomination of	11	exemption or getting the vaccine.
12	Christianity?	12	Q. So that interpretation by the chaplain is
13	A. No.	13	their subjective determination, correct?
_			
14	Q. Okay. And then Question or then the next	14	A. We didn't use it to determine the acceptance.
15	line is "When did you first practice this religion?"	15	We used it to determine the clarification of a <i>Bible</i>
16	She notes, "1970," correct?	16	verse.
17	A. Yes.	17	Q. Right. But you said that you used the belief
18	Q. Okay. And then she indicates that she belongs	18	that they were presenting and how it prevented them from
19	to an organization or a church, and she was with that	19	getting the vaccine, correct?
20	church since 1998, correct?	20	MR. HENNESSY: Objection to form.
21	A. Correct.	21	THE WITNESS: Can you restate the
22	Q. Okay. Would you say that that's those are	22	question?
23	pretty consistent beliefs? I mean, long-standing being	23	BY MR. DALLER:
		24	
24	a member of this faith community?		Q. Sure.
25	A. I mean, I don't know what her specific beliefs	25	A. Thanks.
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	51		53
	51 Greg Papa - by Mr. Daller		53 Greg Papa - by Mr. Daller
	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
1	Greg Papa - by Mr. Daller are, but she's established herself as a part of this	1	Greg Papa - by Mr. Daller Q. You said that one of the factors that you
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Second Pape - by Mr. Daller Seco		Case 2:23-cv-00263-KNS Document	PAPA	Filed 10/02/23 Page 147 of 265
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2 MR. RALLER: 4 Q. You can answer: 5 A. At times they were clarifying what—they 6 were answering the question, so I don't know if it was 7 interpreting. At times could have been interpreting 8 this for someons, but they were more questions regarding 9 the <i>Bible</i> verse and either what it meant, either—you not know, what came before or what came after that one 11 sentence in the <i>Bible</i> , and how it relates to COVID. 12 So there was many factors in — in why we 13 asked the chaplain to review the <i>Bible</i> quotes. 14 Q. Okay, Is there anything in the <i>Bible</i> at all 15 that speaks to COVID? 15 A. Specifically to COVID? 16 A. Specifically to COVID? 17 Q. Yes. 18 A. ——197 19 Q. Yes. 20 A. I don't know. 21 Q. So you reviewed all of these exemptions. 21 A. Those reviews, did you see anything that 22 into serve, did you see anything that 22 into serve, did you see anything that 23 specifically related to COVID. I would EALER REPORTING 21 A. Then of sure related to disease, but I'm not sure related to GOVID. I would EALER REPORTING 22 Into service with you on that, 6 that there's nothing related to COVID in the 2 Bible. 2 A. Then of sure related to disease, correct? 3 Q. Okay. 4 A. COVID-19. 5 Greg Papa - by Mr. Daller 5 Greg Papa - by Mr. Daller 6 that there's nothing specific about COVID in the Bible. 6 that there's nothing specific about COVID in the Bible. 7 But If I heard you correctly, you disay that 1 talk about disease and plagues. 1 a. Q. Okay. And is COVID a disease? 1 A. La fail it could speak to disease. I'm not use related to COVID. I would see the bible expert, and I'm sure it does 1 talk about disease and plagues. 1 a. Q. Okay. And is their connection, yes. 2 A. I all indicates and plagues. 2 PMR. DALLER: 3 Q. Okay. And is their connection, yes. 3 Q. Okay. And is their connection any more wrong or right than the cannel to COVID. correct? 4 A. They could make that connection, yes. 5 Q. All indicates and plagues. 5 PMR. DALLER: 6 Q. Okay. And is their connection any more wrong or right than the cannel to COVID		Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
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	58		60
	Greg Papa - by Mr. Daller	Greg Papa - by Mr. Da	aller
1	medical exemption? She actually says, "even though I	things to live by.	
2	could, I'm not"?	Q . Okay.	
3	A. Sure.	A. But I you're asking m	
4	Q. Okay. All right. And would you agree that if	believe that people believe that (
5	somebody has a religious exemption, that they or a	and I respect that. And I believe	-
6	religious reason not to take the COVID vaccine, would	that God has laws for them, so I You asked me if I believ	-
8	that not be the appropriate exemption to request even if they could get a medical exemption?	I do not believe God has laws for	
9	MR. HENNESSY: Objection. Form.	Q. Okay.	ilie.
10	THE WITNESS: I don't know "Even if	A. I just wanted to clarify t	hat
11	even though I could apply." I mean, anyone could apply	Q. Okay. Does your belief of	
12	for any medical exemption. I don't know if it would be	for you influence your decision here	_
13	accepted or not. That's not my decision.	A. No.	
14	BY MR. DALLER:	Q. Okay. And just like God ha	as laws, okay, man
15	Q . Right. But	has laws, correct?	
16	A. And I don't even know what	A. Yes.	
17	Q . Go ahead.	Q . Okay.	
18	A. I don't know what PEG means.	A. There are many differen	
19	Q . Okay. And after that introductory phrase, she	believe in, so these laws are diffe	
20	states, "I have chosen to apply for a religious	and they're interpreted different	by many different
21	exemption due to the personal conviction of my religious	religions.	
22 23	belief," correct?	Q. Okay. And is one religion i	more wrong or more
24	A. That's what's stated there, yes.Q. Okay. And would you agree that for somebody	correct? A. I don't think so.	
25	who has strong religious convictions, it doesn't matter	Q. And religious beliefs are he	ald by the
23	EXLER REPORTING	EXLER REPOR	
	412-221-4007	412-221-4007	
	59		61
	59 Greg Papa - by Mr. Daller	Greg Papa - by Mr. Da	
	Greg Papa - by Mr. Daller	Greg Papa - by Mr. Da 	
1	Greg Papa - by Mr. Daller $-\ -\ -\ -$ what a medical situation would be because religious is	individual, correct?	aller
2	Greg Papa - by Mr. Daller what a medical situation would be because religious is dominant over medical concerns?	individual, correct? A. I don't know. Certain in	aller dividuals don't, so I
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	62		64
	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
	orograpa by im. band.		Grog rapa by Mr. Banor
4	A Thelieve as it affects society sure. That	4	vour interpretation of that?
1	A. I believe as it affects society, sure. That	1	your interpretation of that?
2	if someone believes in something that would harm	2	A. In for evil purposes, I guess.
3	someone, I don't I don't know all forms of religion,	3	Q . Okay.
4	but if a religion was harming someone or harming our	4	A. I don't really know what is the intent around
5	communities or harming a child or an individual, yeah.	5	that.
6	I would not support that.	6	Q . Okay.
7	Q. You would not support that, okay.	7	A. I'm not going to guess.
8	Can you give me an example of that?	8	Q. And when you drive, okay, ever get cut off by
		_	, , , , , , , , , , , , , , , , , , , ,
9	A. No.	9	somebody?
10	Q . Okay. If there's a conflict between God's law	10	A. Yes.
11	and man's law, which one should prevail, in your	11	Q. Okay. And what do you say?
12	opinion?	12	A. I don't react.
13	A. I don't know.	13	Q. You don't react, okay.
14	MR. HENNESSY: Object to form.	14	If someone were to curse in that situation,
15	BY MR. DALLER:	15	okay, is there a law against that?
16	Q. I'm sorry?	16	A. Which kind of law?
17			
I	MR. HENNESSY: I'm going to object to	17	Q. Man's law. Like, if somebody cuts you off and
18	form.	18	the cop happens to be in your car and you spout off a
19	THE WITNESS: I don't know.	19	few expletives at the guy, can the cop give you a
20	BY MR. DALLER:	20	ticket?
21	Q . You don't know, okay.	21	A. Oh, I don't know.
22	A. I don't.	22	Q. You don't know they could give you a ticket
23	Q. If there's a conflict between God's law and	23	for that?
24	man's law in a religious exemption request, which one	24	A. I don't know.
25	should prevail?	25	Q. Okay. If I would submit to you that they
-	EXLER REPORTING		EXLER REPORTING
	412-221-4007		412-221-4007
	63		65
	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
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	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
1	A. I don't know.	1	fertility options, correct?
2	Q. You don't know, okay.	2	A. Correct.
3	So you have no opinion as to whether God's law	3	Q . And then she goes on to describe them. Went
4	should prevail over man's law; is that correct?	4	through testing to determine if it was structural or
5	A. No.	5	hormonal; is that correct?
6	Q. Okay.	6	A. Correct.
7	A. That's incorrect. That's incorrect. I don't	7	Q. Okay. And then she tried some low-tech
8	know whether God's law, man's law in a car shouting an	8	options and those led to some miscarriages, and then
9	expletive when someone cuts you off, I don't know that	9	when the next options were presented, they "prayerfully
10	answer to that question.	10	considered them and concluded that their faith and
11	-		
	I don't know who's driving the car. I don't	11	belief did not allow them to take those steps."
12	know what the context is, so I don't feel comfortable	12	And she identifies those steps as hormones,
13	answering it.	13	artificial insemination, and in vitro fertilization; is
14	I do know if I was driving the car, I would	14	that correct?
15	remain calm.	15	A. That's correct how you've read it.
16	Q. Okay. Let's go back to Mrs. Gray's religious	16	Q. Okay. All right. And then she states what
17	exemption request, and she goes on then to say, "The	17	her belief was: "That our belief was if we were to have
18	best example to explain my objection is when my husband	18	children, God would allow it to happen from natural
19	and I tried to conceive children."	19	means," correct?
20	Do you see that?	20	A. Correct.
21	A. Yes.	21	Q. Okay. What does is this a medical
22	Q . Okay.	22	statement, or is this a religious statement?
23	A. Yep.	23	MR. HENNESSY: I'm going to object to
24	Q. And is your view of that statement that it's	24	form.
25	solely medical?	25	THE WITNESS: I don't know. It sounds
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	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
1	Greg Papa - by Mr. Daller A. It could be many factors, but it does not	1	Greg Papa - by Mr. Daller like it could be both.
1 2		1 2	
_	A. It could be many factors, but it does not	_	like it could be both.
2	A. It could be many factors, but it does not relate to the COVID-19 vaccine.	2	like it could be both. BY MR. DALLER:
2	A. It could be many factors, but it does not relate to the COVID-19 vaccine. Q. Okay. And in your mind, there's no way that	3	like it could be both. BY MR. DALLER: Q. Okay. Well, when it says, "God would allow it
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	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
1	be pretty clear that if she believes that God created	1	purposes of explaining that. Sure. I agree.
2	things, she says, then, "God would allow it to happen	2	Q. Okay. And do you believe that that is a valid
3	through natural means," His means, correct?	3	belief?
4	MR. HENNESSY: Objection to form.	4	A. I believe it's a valid belief, sure.
5	BY MR. DALLER:	5	Q. Okay. All right. And so it supports that God
6	Q. That's what she said, right? That God would	6	would allow it to happen naturally, correct?
7	allow it to happen through natural means, correct?	7	A. The person who wrote this believes that God
8	A. Through natural means. Not His means.	8	would allow it to happen naturally, exactly.
9	Q . Well, we agreed that for a Christian, God	9	Q. Okay. And is artificial insemination natural?
10	created nature, correct?	10	A. I don't know. It's an interpretation. Some
11	A. Is God are you in your example is God a	11	people interpret that differently, that God made the
12	man?	12	hands that create the person who made that artificial,
13	Q. In my example it doesn't matter if God is a	13	you know, form to inject in your body.
14	man or a woman.	14	I have many friends who are very Christian and
15	Is God a man?	15	believe that that's not artificial. Different views.
16	A. I don't know.	16	Q. What about in vitro fertilization?
17	Q. Is he a woman?	17 18	A. The same thing. The same concept.
18 19	A. I don't know.	18	Q. Okay. And what about the use of hormones?
20	Q. Does the <i>Bible</i> say what he is?A. I don't know.	20	A. The same thing. Q. Would you agree that all three of those
21	A. I don't know.Q. Does the <i>Bible</i> speak to the image of God?	21	Q. Would you agree that all three of those require something to be done to the body?
22	A. I don't know.	22	A. Lots of things require things to be done to
23	Q. Okay.	23	the body. So, yeah, I would say those things those
24	MR. DALLER: Let's go on to Psalm 139.	24	three things have some something to do with the
25	BY MR. DALLER:	25	body. Sure.
	EXLER REPORTING		EXLER REPORTING
	412-221-4007		412-221-4007
	71		73
	71 Greg Papa - by Mr. Daller		73 Greg Papa - by Mr. Daller
_	Greg Papa - by Mr. Daller	_	Greg Papa - by Mr. Daller
1	Greg Papa - by Mr. Daller Q. And go ahead and read the quote from the	1	Greg Papa - by Mr. Daller Q. All right. And they're used for somebody who
2	Greg Papa - by Mr. Daller ————— Q. And go ahead and read the quote from the Bible.	2	Greg Papa - by Mr. Daller ———— Q. All right. And they're used for somebody who cannot get pregnant naturally, correct?
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	74		76
	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
	0.0g , apa 2, 24.0.		0.0g. apa
4		4	And you don't understand the enjoints of
1	Q. Okay.	1	Q. And you don't understand the spiritual
2	A. Some people believe that because that the	2	connection between those two?
3	product is out there, God made the product. God made	3	A. Well, I do think Mrs. Gray has a spiritual
4	the person who is who created it, so it's natural to	4	connection between those two.
5	that person.	5	Q. Okay.
6	Q. Okay. But this is Mrs. Gray's exemption	6	A. Sure.
7	request, correct?	7	
	• •		, , , , , , , , , , , , , , , , , , , ,
8	A. I already said Mrs. Gray's exemption request	8	she didn't make a statement why she can't take the
9	she believes that, so, yes, I agree.	9	vaccine?
10	Q. All right. And then she goes on after the	10	A. Because
11	Bible verse that she believes that "life begins at	11	MR. HENNESSY: I go ahead.
12	conception and ends at natural death," correct?	12	THE WITNESS: Because this is just one
13	A. Correct.	13	piece of the we're asking for one piece of the
14	Q. Okay. And then she says, "It's the same	14	questions. This is the first question, so, okay. She
15	belief that guides my objections to getting the COVID-19	15	established that.
16	vaccine." Okay?	16	BY MR. DALLER:
17	And then she says, "I am not comfortable	17	Q . Okay. All right.
18	having genetic components that my body did not create	18	A. Yeah.
19	injected into my body."	19	MR. DALLER: Let's go on to Page 2,
20	Do you see that?	20	Question 3 then.
	•		
21	A. Yeah.	21	THE VIDEOGRAPHER: (Indicating.)
22	Q. Okay. And do you see any connection between	22	BY MR. DALLER:
23	having genetic components injected and the	23	Q . And before we leave, did you have any issues
24	administration of exogenous or not from the body	24	with her use of the terminology "genetic components"?
25	hormones, artificial insemination or in vitro	25	A. I did. In subsequent portions of the form,
	EXLER REPORTING	_	EXLER REPORTING
	412-221-4007		412-221-4007
-			
	75		
	75		77
	75 Greg Papa - by Mr. Daller		77 Greg Papa - by Mr. Daller
1		1	
1 2	Greg Papa - by Mr. Daller	1 2	Greg Papa - by Mr. Daller
2	Greg Papa - by Mr. Daller fertilization?		Greg Papa - by Mr. Daller yes, I did. Q. Okay. When we get to those sections, please
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	78		80
1	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
	,		,
1	Novavax?	1	yes.
2	A. I'm not sure. I'm not sure of that.	2	Q. Okay. So there's nothing in Question 3 then
3		3	
	Q. Okay.	_	that at this point, we've gone through 1 and 3
4	A. I can't remember.	4	that have raised a doubt in your mind? Because you did
5	Q. All right. What what recollection do you	5	say you would point out to me when we get to that point,
6	have of the impact of this statement on your decision,	6	correct?
7	if any?	7	A. On the on the genetic makeup, yeah.
8	A. I mean, I can appreciate she was giving an	8	Q. Okay. All right. All right.
9	alternative, but, again, it was medical it was	9	MR. DALLER: So now let's go to Page 4,
10	scientific in nature.	10	Question 5.
11	Q. The alternative was scientific in nature?	11	THE VIDEOGRAPHER: (Indicating.)
12	A. Yes.	12	BY MR. DALLER:
13	Q. Okay. Because of the difference of what? One	13	Q. And that is about whether, you know, she's
14	was genetic and one was not? Is that the reason?	14	applied previously for a religious exemption, to
15	A. I think she she's offering another	15	recollect your knowledge about what Question 5 is, and
16	alternative. That's what I'm reading here, that she's	16	go ahead. Take a minute to review it, and let me know
17	offering another alternative to the vaccine.	17	when you've finished.
18	Q. Okay. But you have no knowledge of the	18	A. Uh-huh.
19	medical difference between those two vaccines, correct?	19	(The witness reviews the document on the
20			
	A. Not at the moment. No, I don't.	20	screen.)
21	Q. Okay. Did you at the time, do you believe?	21	I'm finished.
22	A. I'm not sure.	22	Q. Okay. All right. Does this paragraph cause
23	Q. Okay. Would you agree that if the medical	23	any recollection to you about your decisionmaking
24	differences between those two, right, the	24	process regarding her vaccination exemption request?
25	genetic-component vaccines and the Novavax vaccine,	25	A. No.
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	79 Greg Papa - by Mr. Daller		81 Greg Papa - by Mr. Daller
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	82		84
	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
			- , ,
1	MR. DALLER: No. Keep going. It's the	1	MR. DALLER: Okay. All right. Are you
2	other direction.	2	ready, Mr. Papa?
3	THE VIDEOGRAPHER: (Scrolling.)	3	THE WITNESS: I'm ready.
4	MR. DALLER: Okay. There you go.	4	BY MR. DALLER:
5	Question 5.	5	Q. Okay. All right. So we were just talking
6	THE VIDEOGRAPHER: (Indicating.)	6	about Page 4, Question 5 that deals with the fact that
7	THE WITNESS: Uh-huh.	7	Mrs. Gray did not request any other religious exemption
8	We have religious exemptions for individuals	8	request, and, you know, you explained how you would have
9	who opt out of abortions.	9	considered that, had she done that.
10	BY MR. DALLER:	10	Was there anything in this paragraph and we
11	Q. Uh-huh.	11	can go back to the typed one just so it's easier to read
12	A. And so if that was, you know, the main focus	12	that was concerning to you that she stated or
13		13	anything like that?
	of a religious exemption, that we may have looked at		• -
14	this question in more detail.	14	A. No.
15	Q. Okay. But whether or not you said	15	Q. No, okay.
16	A. But she said no. She answered no. I'm sorry.	16	MR. DALLER: And so let's go on then to
17	Go ahead.	17	Question 7.
18	Q. No. Go ahead.	18	THE VIDEOGRAPHER: (Indicating.)
19	A. She answered no to the question.	19	BY MR. DALLER:
20	Q. That she did not apply for any, correct?	20	Q. And Question 7, "Please state how receiving
21	A. Correct.	21	the vaccine will negatively affect your purpose in life
22	Q . Okay.	22	or death." Okay?
23	A. So if she would have answered yes, we would	23	And why don't you take a minute to read what
24	have reviewed the religious accommodation, but since she	24	her response was to that?
25	answered no, and you asked me that, you know, how does	25	A. (The witness reviews the document on the
	EXLER REPORTING		EXLER REPORTING
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	83 Greg Papa - by Mr. Daller		85 Greg Papa - by Mr. Daller
1	Greg Papa - by Mr. Daller	1	Greg Papa - by Mr. Daller
1 2	Greg Papa - by Mr. Daller that pertain? I said, you know, I think it's great that	1 2	Greg Papa - by Mr. Daller screen.)
2	Greg Papa - by Mr. Daller that pertain? I said, you know, I think it's great that her colleagues were able to switch, but there was no	1 2 3	Greg Papa - by Mr. Daller screen.) Q. Let me know when you're done.
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2 3 4	Greg Papa - by Mr. Daller that pertain? I said, you know, I think it's great that her colleagues were able to switch, but there was no religious accommodation. So and you asked me what the right answer	3 4	Greg Papa - by Mr. Daller screen.) Q. Let me know when you're done. A. I'm done. Q. Okay. All right. So she this is asking
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١.		١.	
1	Q. Okay. And she's kind of referring now to her	1	Q. Okay. And do you have any knowledge, as you
2	entire life how she's had a consistent approach and a	2	sit here today, about the differences in what that
3	conviction about medical invasion that seeks to alter	3	medical invasion could be?
4	how God made her, correct?	4	A. I don't know.
5	MR. HENNESSY: I'm going to object to	5	The way Question 7 is written is "God created
6	form.	6	God created me and my body is a temple," and, you
7	BY MR. DALLER:	7	know, "a strong conviction against medical invasion,"
8	Q . Okay.	8	and I'm saying that there are other things that were in
9	A. I think what she's	9	this application that are medically invasive, including
10	MR. HENNESSY: There are some other	10	the COVID-19, including flu shot, or including other
11	words	11	and she did write low-tech options.
12	THE WITNESS: Sorry. Go ahead.	12	I don't know what low-tech options she used in
13	MR. HENNESSY: No. I'm just objecting to	13	that or what she was talking about.
14	form. Mr. Daller inserted some other words. He read	14	Q. Okay. Did you ask her?
15	half the sentence, inserted words. I'm just objecting	15	A. We asked her in the question questionnaire
16	to form.	16	in the policy to be very specific, so we did ask her.
17	BY MR. DALLER:	17	Q. All right. But when you read this and had a
18	Q. Do you agree that the sentence that she wrote	18	question, you did not go back and ask her, "Help us
19	there states that she's had a consistent approach and a	19	understand the concept of medical invasion that you're
20	genuine conviction about medical invasion that seeks to	20	speaking about"?
21	alter how God created her, correct?	21	A. The committee, again, did not have a question,
22	A. She wrote that, yes.	22	and we did not go back and ask for further
23	But in looking at the form, the flu shot is	23	clarification.
24	medical invasion. There's other things that you	24	We we felt that, you know, the form and the
25	know, other vaccines, other medical interventions that	25	policy provided us with the information that we needed
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1	could be invasive in nature, and it's just not I	1	to make the decision.
2	agree that the COVID-19 shot or vaccine is an invasion	2	Q. Okay. All right. And are you aware that some
3	as she states, but there are other things also such as	3	vaccines are proteins that create an immune response?
4	the flu that are also invasive	4	A. I'm not a vaccine expert, but I believe there
5	tile ilu tilat ale aiso ilivasive	4	
		5	
I _	Q. Okay.	5	are some some vaccines, sure. Yes.
6	Q. Okay.A to the body.	5 6	are some some vaccines, sure. Yes. Q. Okay. And a vaccine like that relies upon the
6 7	Q. Okay.A to the body.Q. Okay. So your interpretation of invasion is	5 6 7	Q. Okay. And a vaccine like that relies upon the body to respond to it, correct? The way the body would
6 7 8	 Q. Okay. A to the body. Q. Okay. So your interpretation of invasion is merely the introduction of anything from the outside, 	5 6 7 8	are some some vaccines, sure. Yes. Q. Okay. And a vaccine like that relies upon the body to respond to it, correct? The way the body would respond to an infection, correct?
6 7 8 9	 Q. Okay. A to the body. Q. Okay. So your interpretation of invasion is merely the introduction of anything from the outside, correct? 	5 6 7 8 9	 are some some vaccines, sure. Yes. Q. Okay. And a vaccine like that relies upon the body to respond to it, correct? The way the body would respond to an infection, correct? A. I mean, the body responds to interventions,
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	Case 2.23-cv-00263-KNS Documented	PAPA	
	90		92
	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
1	medicine that she's explaining, the difference in there,	1	A. Yeah.
		2	
2	right, as to how it impacts her belief, how can you make		Q. Okay.
3	a determination on her belief?	3	A. When you said we'd get to it and talk about
4	MR. HENNESSY: Object to form.	4	it, but I thought it was the questions you were
5	If you understand it there are a couple	5	asking me were relative to that, so I brought it up, but
6	negatives there, but go ahead.	6	I did I explained it didn't come out of nowhere.
7	THE WITNESS: We reviewed all sections of	7	I told you that's how I
8	the form. We asked questions and and we relied on	8	Q . Okay.
9	the interdisciplinary team when we had questions or when	9	A you know, felt.
10	there was comments to make that decision.	10	Q . All right. So a couple of questions on the
11	BY MR. DALLER:	11	things you just said.
12	Q. Okay. Let me ask you this: Do you think that	12	The pastor's statement, did Mrs. Gray write
13	Mrs. Gray's exemption request was complex in any way?	13	that?
14	A. No.	14	A. I would have to see it. I don't believe she
15	Q. No. Do you believe that she was using an	15	did. It was the pastor's statement.
16	analogy of invasion?	16	Q . Okay.
17	A. Where?	17	A. I believe that she that he wrote it or he
18		18	or she. I don't know.
	, ,	_	
19	request.	19	Q . Okay. And does the pastor, to your knowledge,
20	What do you think she meant by the term	20	have any science background?
21	A. You know, I think she objected to genetic	21	A. I don't know.
22	components. I think that was I think that was for	22	Q. Okay. So it could be that the pastor, that
23	me reading this, and I think that was a concern of hers,	23	was his interpretation of what Mrs. Gray stated,
24		24	
	but then it was further explained in other documents		correct?
25	that we're probably going to review here that it altered	25	A. Well, Mrs. Gray provided it as
	EXLER REPORTING		EXLER REPORTING
	412-221-4007		412-221-4007
	91		93
	91 Greg Papa - by Mr. Daller		93 Greg Papa - by Mr. Daller
1	Greg Papa - by Mr. Daller	1	Greg Papa - by Mr. Daller
1	Greg Papa - by Mr. Daller her genetic makeup.	1	Greg Papa - by Mr. Daller Q. Mrs. Gray provided what?
2	Greg Papa - by Mr. Daller her genetic makeup. Q. Okay. Did they	2	Greg Papa - by Mr. Daller Q. Mrs. Gray provided what? A. The pastor's statement, so I if she didn't
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	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
1	correct?	1	"false science" to say that it was scientific in nature.
2	MR. HENNESSY: Objection to form.	2	We used false science because we believed it was false,
3	THE WITNESS: I don't know. When you say,	3	but removing the word "false" and it's scientific, and
1 _			
4	"regular vaccine," they're vaccines to me.	4	it's not religious.
5	BY MR. DALLER:	5	Q . Okay. So one's religious beliefs cannot
6	Q. Okay. So you don't differentiate between the	6	consider any science facts; is that your statement?
7	COVID vaccine and any other vaccine, correct?	7	MR. HENNESSY: Objection to form.
8	A. I mean, we do when we're when employees are	8	THE WITNESS: No. I mean, we had the
9	requesting religious exemptions, what it's made of, what	9	criteria. We asked questions of the committee. We
10	it's tested on. That kind of thing. Sure.	10	clarified questions. We looked at the form. They were
11	Q. And in terms of how it works in the body, you	11	all factors that were played into the that were
12	don't make any distinction?	12	centered around making the final decision.
13	,		
1	A. Well, we do. It we made the distinction	13	BY MR. DALLER:
14	that it does not alter the genetic makeup of your body.	14	Q. Okay. Can a scientific fact be inconsistent
15	Q. Okay. Do other vaccines?	15	with a religious belief?
16	A. I don't know. I don't believe so.	16	A. I suppose it could be.
17	Q. Okay. So you said that other members of the	17	Q. Okay. Can a scientific fact impact or be
18	committee, the, quote, "medical expert," said that this	18	can the interpretation of a scientific fact be impacted
19	was bad science or bad medicine. Is that	19	by a religious belief?
20	A. False science.	20	A. In any situation, sure, of course.
21		21	
			Q. Okay.
22	expert Dr. Burke?	22	A. Absolutely. Anyone can interpret anything how
23	A. Yes.	23	they want, so I would say yes to that question.
24	Q. Okay. And did she say why it was bad science?	24	Anyone's interpretation.
25	A. That the COVID-19 does not alter the genetic	25	Q . And would you agree that if the COVID vaccines
	EXLER REPORTING		EXLER REPORTING
	412-221-4007		412-221-4007
	95		97
	95 Greg Papa - by Mr. Daller		97 Greg Papa - by Mr. Daller
1	Greg Papa - by Mr. Daller	1	Greg Papa - by Mr. Daller
1 2	Greg Papa - by Mr. Daller makeup of your body.	1 2	Greg Papa - by Mr. Daller work differently than other vaccines, that a religious
1 2	Greg Papa - by Mr. Daller makeup of your body. Q. Okay. And if Dr. Burke gave you incorrect	2	Greg Papa - by Mr. Daller work differently than other vaccines, that a religious belief could see those vaccines differently?
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	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
1	Q. Okay. Are you familiar with Moses parting the	1	he's God, so he parted the sea," would that be a
2	Red Sea in the <i>Bible</i> ?	2	reasonable explanation to you?
3	A. The story of Moses parting the Red Sea in the	3	A. I don't understand your question.
5	Bible, am I familiar with that? Q. Yes.	5	Q. If someone said to you A. Okay.
6	ч. тез. А. Yes.	6	A. Okay.Q "Moses parted the sea because God
7	Q. Okay. And do you believe that that happened?	7	intervened. He did it. He caused it."
8	A. No.	8	A. Okay.
9	Q. You don't believe that happened?	9	Q. Would that be an acceptable belief statement
10	A. No.	10	to you?
11	Q. If someone were to believe that that happened,	11	A. I would want to know how and what it looked
12	okay, what and you had an opportunity to say, "Well,	12	like.
13	why do you believe that?" Okay?	13	Q. Okay. Suppose a person then goes on and gives
14	A. Are you asking me this question?	14	you a scientific explanation about tides and shifting of
15	Q. Yeah. You have the opportunity to ask	15	the moon and things like that and says, "That's how God
16	somebody, "Why do you believe that Moses parted the	16	did it, but God did it." Does.
17	sea?" Okay?	17	in your opinion, does that detract from the
18	Help me to understand how that happened.	18	sincerity of his belief?
19	Okay?	19	A. No. Not at all.
20	Do you have any ideas on what type of answer	20	Q. But he used science, did he not?
21	you could get?	21	A. I don't know if he considered that science. I
22	A. I don't want to know why Moses why someone	22	don't know.
23	believed that Moses how he parted the Red Sea. If	23	Q. Do you consider tides you know, variations
24	that's you're asking me a personal question about the	24	of tides based upon the moon and gravitational pulls, do
25	Red Sea and Moses parting it. I don't really I'm not	25	you consider that science?
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	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
4		4	
1 2	inquisitive Q. Okay.	1 2	A. I do.Q. Okay. So if the person were to say to you
3	A to that.	3	that those things are how it happened, "but I believe
4	Q. All right. So if they were to say, "Well,	4	that God caused it," is that belief not valid as a
5	he's God and he did it," would you believe them?	5	religious belief?
6	•		
	A. No.	6	-
	A. No.Q. Okay. It's in the Bible, correct?	6	A. Did God part the sea, or did Moses part the
7	Q. Okay. It's in the <i>Bible</i> , correct?	6 7 8	A. Did God part the sea, or did Moses part the sea?
7 8	Q. Okay. It's in the <i>Bible</i>, correct?A. I guess.	7	A. Did God part the sea, or did Moses part the sea? You started off with asking me about Moses,
7	Q. Okay. It's in the <i>Bible</i>, correct?A. I guess.	7 8	A. Did God part the sea, or did Moses part the sea?
7 8 9	 Q. Okay. It's in the <i>Bible</i>, correct? A. I guess. Q. Okay. Do you believe that the <i>Bible</i> is the 	7 8 9	A. Did God part the sea, or did Moses part the sea? You started off with asking me about Moses, but then I feel like you switched your example. So I'm
7 8 9 10	 Q. Okay. It's in the Bible, correct? A. I guess. Q. Okay. Do you believe that the Bible is the inherent word of God? 	7 8 9 10	A. Did God part the sea, or did Moses part the sea? You started off with asking me about Moses, but then I feel like you switched your example. So I'm confused, and I'm not trying to be difficult. I just
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7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	Q. Okay. It's in the Bible, correct? A. I guess. Q. Okay. Do you believe that the Bible is the inherent word of God? A. I don't believe that. There's many religions. I think that you know, all religions have a have a book of truth or some guidelines that they follow. I'm not saying that the Bible is any different than the Koran or anything other other teachers to people teachings that people believe. I think I respect them for it. I don't you're asking me personally. I don't have a comment on that. Q. Okay. And A. But I respect it totally. Q. Okay. Christians do follow the Bible, correct? A. Yes. Most of them. Q. Okay. So would a Christian who says, "Well,	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	A. Did God part the sea, or did Moses part the sea? You started off with asking me about Moses, but then I feel like you switched your example. So I'm confused, and I'm not trying to be difficult. I just want Q. Okay. Can we agree that God worked on earth through Moses in this situation? A. I don't agree with that. Q. You don't agree. So you think that Moses did it himself? A. I don't think Moses did it himself either. Q. Okay. You think God did it or A. I don't think anyone parted the sea. Maybe tidal forces or gravitational pull or maybe that had something to do with it, but and I don't know. I don't know what was I'm not a Bible expert. Q. Okay. A. Yeah. Q. But you determined what Mrs. Gray said in her EXLER REPORTING 412-221-4007

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1	102		104
	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
1	religious exemption request as not being a	1	difference between anatomy and physiology, then do you
2	sincerely-held religious belief that prevented her from	2	think that would impede your ability to understand what
3	getting the COVID vaccine, correct?	3	Mrs. Gray wrote?
4	A. In the examples that I used it was that	4	A. No.
5	Mrs. Gray wrote, she stated that genetic components and	5	Q . You don't, okay.
6	had and had that throughout the religious exemption	6	So if you believe that physiology is structure
7	request, and then stated further explained that they	7	and makeup, that does not impact your ability to
8	would alter she had whether it was the pastor or	8	understand her statement?
9	her, had prepared and presented documentation on her	9	A. I mean, the anatomy and physiology of your
10	behalf that said your genetic makeup would be altered,	10	body is the makeup of your body. It's the parts of
11	and so we felt that was scientific in nature and not	11	your body is your anatomy, and the I guess how they
12		12	move, the physiology, or how they're incorporated into
13	religious.	13	
	Q. Okay.		your body.
14	MR. DALLER: Let's pull up the pastor's	14	Q. So if you continue to read what she says or
15	statement.	15	what the pastor said, that "Confident that God has
16	THE VIDEOGRAPHER: (Indicating.)	16	termed the precise physiological makeup of each
17	MR. DALLER: Let's go to the typed	17	individual person," correct?
18	version, if we can.	18	A. Yes.
19	THE VIDEOGRAPHER: (Indicating.)	19	Q. Okay. She believes that the functions of the
20	MR. DALLER: There we go.	20	present COVID-19 would alter the genetic makeup of her
21	BY MR. DALLER:	21	body, correct?
22	Q. Why don't you take minute to read through	22	A. Correct.
23	that. Okay?	23	Q . Okay.
24	A. Okay.	24	MR. HENNESSY: Objection to form.
25	(The witness reviews the document on the	25	BY MR. DALLER:
	EXLER REPORTING		EXLER REPORTING
	412-221-4007		412-221-4007
	103		105
	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
1	screen.)	1	Q. Is physiology not function?
2	Q . Just let me know when you're done.	2	MR. HENNESSY: Objection to form.
3	A. Okay.	3	THE WITNESS: We looked at this, that the
		I .	•
4	(The witness continues to review the document	4	genetic makeup of the body would not be altered or
5	on the screen.)	5	genetic makeup of the body would not be altered or and so we classified we say it's false science. Not
5 6	on the screen.) Okay. Go ahead.	5 6	genetic makeup of the body would not be altered or and so we classified we say it's false science. Not religious in nature.
5	on the screen.) Okay. Go ahead. Q. Okay. So this is the statement that Reverend	5	genetic makeup of the body would not be altered or and so we classified we say it's false science. Not religious in nature. BY MR. DALLER:
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	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
	5 1 <i>7</i>		5 , ,
1	Q. Okay. And what is genetic makeup?	1	A. And that's what this committee was looking at.
2	A. The genes that make up your body.	2	Q. Okay. Does it change natural function of the
3	Q. Okay.	3	body?
4	A. The I mean, I'm not a medical expert, so,	4	A. I don't know.
5	yeah. That's it.	5	Q. You don't know. So you don't know whether it
6	•	6	that statement is religious or not because you don't
	3	_	,
7	A. Sure.	7	know if the vaccine itself changes function of the body?
8	Q. Okay. If the vaccine changes the function of	8	A. No, I don't natural function you used.
9	those genes, is that statement true?	9	It's certainly changing something in the body. You said
10	A. We're not looking at it's scientific in	10	natural function.
11	nature. Not medical not religious. This is medical,	11	Q. Okay.
12	scientific information, and when you're reviewing a	12	A. It's and I answered that by saying it's
13	religious request, this this presents as science.	13	stopping the spread of COVID-19 in our community.
14	Q. All right. Did Mrs. Gray	14	Q . It has nothing to do with natural function.
15	A. Someone can say it's false. Someone can say	15	Let's go back to the question
16	it's not false, but it's scientific in nature and,	16	MR. HENNESSY: I'm going to object. This
17	therefore, not religious.	17	is getting argumentative.
18	Q. Okay. Did Mrs. Gray say that God made her?	18	If you have questions this is discovery.
19	 A. I would have to go back and look at her 	19	If you have questions that involve discovery information
20	request, but I assume she did. I don't know if she	20	or testimony, you can ask them, but you're starting to
21	wrote that specifically.	21	go far afield.
22	Q. And if something changes how she functions the	22	I'm hearing you restate passages from her
23	way God made her, did she talk about that at all in her	23	religious exemption form and change around the
24	religious exemption request?	24	phraseology.
25	MR. HENNESSY: Objection to form.	25	Mr. Daller, you're going beyond what the
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	107 Greg Papa - by Mr. Daller		109 Greg Papa - by Mr. Daller
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1	A. No.	1	Q. Okay.
2	Q. Okay. And if the COVID vaccines had an	2	A. Yes.
3	unnatural way of working, analogous to, for example,	3	Q. And were you at that meeting?
4	hormones, artificial insemination and in vitro	4	A. I was.
5	fertilization, not on a scientific basis, but on the	5	Q. Was it in person?
6	spiritual basis of how they interact with the body, do	6	A. It was.
8	you see the connection then?	7	Q. Okay. What was your participation in that
	MR. HENNESSY: Objection. Form.	8	meeting?
9 10	BY MR. DALLER: Q. Do you believe there's a connection?	10	A. I had answered questions and just kind of I think I was pulling up the request on the computer for
11	A. I don't understand your question. Can you	11	them.
12	answer can you ask it in a different way?	12	I was not a vote or a participant. If they
13	Q. Sure. So we agreed that hormones and	13	had other if they had questions, I I answered
14	artificial insemination, in vitro fertilization are	14	them.
15	things that are treatments that will cause the body to	15	MR. HENNESSY: Are we done with this
16	respond in a way that Mrs. Gray does not feel is a	16	exhibit? You know, this is what's in front of the
17	natural way, correct?	17	witness while he's testifying.
18	A. Correct.	18	MR. DALLER: Yeah. Yeah. We can take
19	Q. Okay. And that natural way of the body	19	that off. That's fine.
20	responding is the way God made her, correct?	20	THE VIDEOGRAPHER: (Indicating.)
21	A. According to Mrs. Gray, yes, that's correct.	21	BY MR. DALLER:
22	Q . Okay. So if the COVID vaccines, that have	22	Q. What do you recall what their questions
23	genetic components, would cause Mrs. Gray's body to	23	were?
24	respond in an unnatural way to the way God made her,	24	A. I don't. Some of them they didn't have
25	could there be a connection between her use of the	25	questions. I don't know specific with Mrs. Gray.
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1	hormones, artificial insemination and in vitro	1	Q. And you informed them of what happened at this
2	hormones, artificial insemination and in vitro fertilization to explain why she cannot take a genetic	2	Q. And you informed them of what happened at this original meeting?
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	Crog Pana hy Mr. Dallar		Crog Rone, by Mr. Deller
	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
1	used to review each request.	1	against here
2	Q. So it was on the site, but you don't know if	2	A. Sure.
3	they used it? Is that	3	Q. what would the process have been?
4	A. No, I don't. I don't remember.	4	A. Sarah Heilman could have went to myself or
5	Q. And you don't recall	5	legal, Pam Teufel, my boss, and explained her concerns.
6	A. I didn't present each one. So they were going	6	We also have an HR person for HR who she could express
7	through them, and I only answered questions when asked.	7	that to, but she did not.
8	Q. Okay. What type of questions would they have?	8	Q. She did not, okay.
9	A. You know, nothing comes to mind directly. I	9	And she did not in writing?
10	can't recall specific questions. I don't want to	10	A. She did not in writing or verbally express
11	speculate, you know, what types of things that they had	11	that is your question that Sarah Heilman did not
12	asked.	12	express wanted to express?
13	Nothing's coming to mind.	13	I don't understand your question.
14	Q. What's the role of a human resource	14	Q. Did she express in any type of communicative
15	professional with regards to an employee?	15	form that she had concerns about the decision regarding
16	A. We handle their everything from their	16	Mrs. Gray's religious exemption determination?
17	onboarding the recruitment process to onboarding	17	A. She did not, not in writing or verbally to me
18	them, to orientation, providing them with the correct	18	or that I know of.
19	benefits and compensation, making sure their	19	I'm her direct supervisor.
20	compensation and benefits are aligned with the market so	20	Q. Uh-huh. Okay. Now, in you know, we talked
21	that we can retain them.	21	
22		22	about the religious exemption guidelines that you used,
	And then we look at the employee experience	23	correct?
23	while they're here, so ensuring that, you know, their		Did you use anything from the EEOC in terms of
24	needs are met. They have the tools and equipment to do	24	guidelines on how these should be processed?
25	their job. They receive proper communication. They	25	A. We used the religious exemption guidelines as
	EXLER REPORTING		EXLER REPORTING
	412-221-4007		412-221-4007
	115		117
	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
1	they're able to answer ques we're able to answer	1	to look at to terminate the religious exemption
2	questions when they have benefit issues.	2	request along with the committee, along with the
3	We provide FMLA leave of absence. We provide	3	questions and answers and what the person wrote on the
4	leadership and employees with employer relations and	4	form, and then relied on legal to in terms of
5	guidance, making sure we're not violating any local,	5	determinations, and felt comfortable moving forward with
6	state, federal rules consistent with that.		
7	•	6	terminations.
	So, you know, just providing the superior	7	terminations. Q. So you did rely on the EEOC guidelines?
8	So, you know, just providing the superior employee experience to our staff and leaders.	7 8	
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	118		120
	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
1	If they were approved, we let them know that	1	Line Health had an interactive process?
2	their religious exemption request was approved.	2	A. We developed a policy form and a process to
3	Q. Okay. So you believed that Ms. Gray had a	3	review these requests, and a process to dispute the
4	sincerely-held religious belief?	4	request.
5	MR. HENNESSY: Objection to form.	5	Q. Okay. And all the interactive process
6	BY MR. DALLER:	6	requires is a process. Is that your testimony?
7	Q. You can answer.	7	MR. HENNESSY: Objection to form.
8	A. Her Mrs. Gray's religious belief was denied	8	BY MR. DALLER:
9	because it was scientific in nature.	9	Q. You can answer.
10	Q . Are you saying that she did not have a	10	A. We had we had a process where the employee
11	sincerely-held religious belief?	11	got to state their reasons for the request in a
12	A. For not taking the COVID vaccine, yes.	12	document. That they got to provide us with information,
13	Q. So does the EEOC	13	and they got to tell us, you know, why they believed
14	A. That's a part of it. Part of the decision.	14	that they should receive a religious exemption.
15	Q. So if we can all right. So the EEOC	15	So, yes, it was interactive.
16	MR. HENNESSY: John, I don't mean to	16	Q. You ask the question, they gave you an answer
17	interrupt, but if you're going to take a break at any	17	and that's the interactive nature of your process; is
18	time are you almost wrapped up because	18	that correct?
19	MR. DALLER: Yeah. I think we can be done	19	MR. HENNESSY: Objection to form.
20	probably by 5:30.	20	BY MR. DALLER:
21	MR. HENNESSY: Okay. All right.	21	Q. You can answer.
22	MR. DALLER: Okay?	22	A. And they they explained their answers.
23	BY MR. DALLER:	23	They answered they were given the opportunity to
24	Q . You said that the EEOC states that you	24	answer yes/no, and they explained their answers in the
25	generally assume that a religious exemption request is	25	form. They also had an appeal process as part of the
	EXLER REPORTING		EXLER REPORTING
	412-221-4007		412-221-4007
	440		121
	119		 -
	Greg Papa - by Mr. Daller		Greg Papa - by Mr. Daller
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1 THE WITNESS: All right. Thanks. 2 MR. Hennessy 1 THE WITNESS: All right. Thanks. 2 MR. HENNESSY: I have a few clarifying 3 questions. 4 EAAINATION 5 EAAINATION 6 DY. MR. HENNESSY: I have a few clarifying 3 questions. 4 EAAINATION 6 DY. MR. HENNESSY: I was been destinonly that confused 8 me, and I think the language can be a little bit 9 confusing. I want to be all'the bit more precise. 10 There was testimony about how the vaccine may be confusing. I want to be all'the bit more precise. 10 There was testimony about how the vaccine may be confusing. I want to be all'the bit more precise. 10 There was testimony about how the vaccine may be confusing. I have - or of there was an issue of whether it entroulated 20 Lokay. 14 Lower to derive. 15 Lower to wash of the precise. 16 Sincerely-held practice or observance which was 17 Religious in nature, is that correct? 18 A. MeX - Wes. 18 A. Wes. 19 O. Veah. Okay. And the committee met together 20 decide the issues of sincertly and whether it was 19 O. Veah. Okay. And the committee met together 20 decide the issues of sincertly and whether it was 19 O. Veah. Okay. And the committee met together 20 O. Cay. And the committee met together 20 O. Cay. O. Cay. The and you would raview the form about of time? 18 O. Veah. O. Cay. O. C		Case 2:23-cv-00263-KNS Document	PAP	Filed 10/02/23 Page 164 of 265
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23 correct? 24 A. Correct. 25 Q. And those factors included timing, EXLER REPORTING 412-221-4007 123 Greg Papa - by Mr. Hennessy 1 inconsistencies, whether there were non-religious 2 reasons for the request to abstain; is that accurate? 3 A. Yes. 4 Q. And during this deposition today, Mr. Daller 5 showed you the exemption form in piecemeal and asked you 6 questions about specific pieces of the exemption form, 7 correct? 8 A. Yes. Correct. 9 Q. And I don't believe he gave you an opportunity 10 to review the entire application before you discussed 11 those pieces. 12 I also want to clarify. We never we have 13 not, since the start of this deposition, had any 14 interaction other than me sitting here, correct? 15 A. Correct. 16 Q. I have not talked to you during breaks or 17 anything of that nature, correct? 18 A. Not at all. 19 Q. Okay. A. I went to the bathroom. 20 Q. I lave to talked to you during breaks or 21 Q. I have not talked to you during the deposition today, 3 Mr. Daller put up a copy of the religious exemption form 4 that Ms. Gray filled out. 5 howed you the exemption form, 6 that Ms. Gray filled out. 6 put back up. I think it was marked as Exhibit 2, 7 although I don't know if it was referred to as an 8 exhibit. 9 He talked to you about Question Number 1. If 10 you could put that up and put up the typed response to 11 those pieces. 11 THE VIDEOGRAPHER: (Indicating.) 12 MR. HENNESSY: Okay. And if you could, 13 MR. HENNESSY: Great. 14 Yes, very. 15 A. Yes, very. 16 MR. HENNESSY: 'I dask if that could be 9 Leak up. I think it was marked as Exhibit 2, 17 although I don't know if it was referred to as an 8 exhibit. 19 We that up and put up the typed response to 11 those pieces. 11 THE VIDEOGRAPHER: (Indicating.) 12 MR. HENNESSY: Okay. And if you could, 13 MR. HENNESSY: Great. 15 MR. HENNESSY: Great. 16 MR. HENNESSY: Great. 17 BY MR. HENNESSY: Great. 18 A. Not at all. 19 Q. Okay. 20 A. I went to the bathroom. 21 Q. There was some testimony about this question, 22 A. I went to the bathroom. 23 A. I wen	21	religious in nature based upon legal guidance using	21	
24 A. Correct. 25 Q. And those factors included timing, EXLER REPORTING 412-221-4007 123 Greg Papa - by Mr. Hennessy 1 inconsistencies, whether there were non-religious 2 reasons for the request to abstain; is that accurate? 3 A. Yes. 4 Q. And during this deposition today, Mr. Daller 5 showed you the exemption form in piecemeal and asked you questions about specific pieces of the exemption form, 7 correct? 9 Q. And I don't believe he gave you an opportunity 10 to review the entire application before you discussed those pieces. 12 I also want to clarify. We never we have 1nd, since the start of this deposition, had any 1nd, since the start of this deposition, and any 1nd, since the start of this deposition, and any 1nd, since the start of this deposition, and any 1nd, since the start of this deposition, and any 1nd, since the start of this deposition, and this was Ms. Gray here who's present during EXLER REPORTING 412-221-4007 24 A. Correct. Q. And we have Ms. Gray here who's present during EXLER REPORTING 412-221-4007 25 Q. Well, does she talk about I think you EXLER REPORTING 412-221-4007 26 A. I don't see that. Q. Well, does she talk about I think you EXLER REPORTING 412-221-4007	22	various factors, I think many of which you articulated,	22	discuss it together and make a decision based upon the
25 Q. And those factors included timing, EXLER REPORTING 412-221-4007 123 Greg Papa - by Mr. Hennessy 125 Greg Papa - by Mr. Hennessy 126 Greg Papa - by Mr. Hennessy 127 A. Yes. Q. And during this deposition today, Mr. Daller thanks Gray filled out. Showed you the exemption form in piecemeal and asked you questions about specific pieces of the exemption form, correct? A. Yes. Correct. Q. And I don't believe he gave you an opportunity to review the entire application before you discussed those pieces. 1 also want to clarify. We never we have not, since the start of this deposition, had any interaction other than me sitting here, correct? A. Correct. A. Not at all. Q. I have not talked to you during breaks or anything of that nature, correct? A. Not at all. Q. I understand. So you didn't talk to anybody outside of Mr. Daller asking you questions during this deposition, correct? A. Correct. Q. I understand. So you didn't talk to anybody outside of Mr. Daller asking you questions during this deposition, correct? A. Correct. Q. And we have Ms. Gray here who's present during EXLER REPORTING 412-221-4007 A. I don't see that. Q. Well, does she talk about I think you EXLER REPORTING 412-221-4007 A 12-221-4007 Its that an accurate summary of what happened? EXLER REPORTING A. Yes. Greg Papa - by Mr. Hennessy A. Yes, very. A.	23	correct?	23	factors that we discussed, some of the guiding
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123 Greg Papa - by Mr. Hennessy 1 inconsistencies, whether there were non-religious 2 reasons for the request to abstair; is that accurate? 3 A. Yes. 4 Q. And during this deposition today, Mr. Daller 5 showed you the exemption form in piecemeal and asked you 6 questions about specific pieces of the exemption form, 7 correct? 8 A. Yes. Q. And I don't believe he gave you an opportunity 10 to review the entire application before you discussed 11 those pieces. 12 I also want to clarify. We never we have 13 not, since the start of this deposition, had any 14 interaction other than me sitting here, correct? 15 A. Correct. 16 Q. I have not talked to you during breaks or 17 anything of that nature, correct? 18 A. Not at all. Q. Okay. A I went to the bathroom. Q. I understand. So you didn't talk to anybody 20 uutside of Mr. Daller asking you questions during this 22 deposition, correct? 23 A. Correct. Q. And we have Ms. Gray here who's present during EXLER REPORTING 412-221-4007 125 A. Yes, very. A. Yes, very. A. Yes, Okay. And during the deposition today, Mr. Daller put up a copy of the religious exemption form that Ms. Gray filled out. MR. HENNESSY: I'd ask if that could be put back up. I think it was marked as Exhibit 2, although I don't know if it was referred to as an exhibit. 9 Q. And I don't believe he gave you an opportunity 10 to review the entire application before you discussed 11 those pieces. 12 I also want to clarify. We never we have 13 MR. HENNESSY: Okay. And if you could, yeah, just highlight that response, I'd appreciate it. 14 Yes, very. Q. Okay. And during the deposition today, Mr. Daller put up a copy of the religious exemption form that Ms. Gray filled out. MR. HENNESSY: I'd ask if that could be put back up. I think it was marked as Exhibit 2, although I don't know if it was referred to as an exhibit. 5 MR. HENNESSY: Okay. And if you could, yeah, just highlight that response, I'd appreciate it. 17 HE VIDEOGRAPHER: (Indicating.) MR. HENNESSY: Okay. And if you could, yeah, just highligh	25	Q. And those factors included timing,	25	Is that an accurate summary of what happened?
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	Greg Papa - by Mr. Hennessy		Greg Papa - by Mr. Daller
	- , ,		
1	mentioned at the end the genetic component.	1	religious exemption request based upon their
2	Was that a reference to you would you have	2	sincerely-held religious belief cannot state any medical
3		3	
	considered that as a reference to, perhaps, the COVID-19		fact, whether it's true or not?
4	vaccine?	4	MR. HENNESSY: Mr. Daller, you asked that
5	A. Yes.	5	exact question before. I mean, we're not here to go
6	Q. Okay. So she says here in the last sentence,	6	back and continue to ask questions that you asked before
7	"I am not comfortable having genetic components that my	7	and try to get a different answer.
8	body did not create injected into my body."	8	MR. DALLER: It's an easy yes/no and we
9	Is that what she said about the COVID-19	9	move on.
10	vaccine?	10	THE WITNESS: I believe it's it's
11	A. Correct.	11	medical in nature. It's medical and scientific in
12	Q. And would you or the committee have known at	12	nature when you start to introduce science and medical
13	that point whether to approve or deny this application	13	and medical information into the request.
14	based on this statement alone, or would you have	14	BY MR. DALLER:
15	reviewed the rest of the application before you reached	15	Q. Okay. And Mr. Hennessy asked if you had
16	a decision?	16	reviewed the application, correct, just now?
_			
17	A. We reviewed the rest of the application before	17	A. Reviewed the
18	and I said that today. I think I was clear with	18	Q. Mr. Hennessy asked if you reviewed the entire
19	that. That this we needed to see the entire form	19	submission for Mrs. Gray today, correct?
20	because it had different components and different	20	A. I thought he asked me if I reviewed parts of
21	questions, and it was fair to the employees for us to	21	it when you showed me parts of it, so I reviewed parts
22	read it all.	22	of it with you today. I read reviewed the entire
23	Q. And you would have wanted to know why she had	23	submission when we convened the committee.
24	an objection to genetic components, correct?	24	Q. Okay. And did you review the application in
25	A. Correct.	25	preparation for your deposition today?
	EXLER REPORTING		EXLER REPORTING
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	127 Greg Papa - by Mr. Daller		
			129 Greg Papa - by Mr. Daller
1	Greg Papa - by Mr. Daller	1	Greg Papa - by Mr. Daller
1 2	Greg Papa - by Mr. Daller Q. And did the submission provide the answer to	1 2	Greg Papa - by Mr. Daller A. I did, yes.
1 2 3	Greg Papa - by Mr. Daller Q. And did the submission provide the answer to that question?	1 2 3	Greg Papa - by Mr. Daller A. I did, yes. Q. Okay. And when did you do that?
3	Greg Papa - by Mr. Daller Q. And did the submission provide the answer to that question? A. It did. By the pastor when it said it altered	2 3	Greg Papa - by Mr. Daller A. I did, yes. Q. Okay. And when did you do that? A. I did that today.
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130 132 Greg Papa - by Mr. Daller Greg Papa - by Mr. Daller into my body." Okay? The last statement, "I am satisfied that her 2 2 objection to a COVID-19 inoculation rests solidly upon Does that state anything about changing the 3 structure of her genetic system? sincerely-held faith convictions," do you believe that? 4 No, but that's why we had -- that's why it was I believe that -- I believe that her pastor 5 important to review the entire piece submitted because 5 and her believe that. 6 it explained that with the pastor's note and it said 6 Q. Okay. 7 Ms. Gray believed, and so that was, we felt -- I felt 7 Sure. She wrote it. 8 was very important to making the decision. 8 MR. DALLER: All right. That's all I got. 9 The pastor's note says he bel- -- she believed 9 THE WITNESS: Thank you. it changes function, correct? 10 10 MR. DALLER: Anything in follow-up, 11 I believe -- no. He said altered the genetic 11 Brendan? 12 MR. HENNESSY: No. Thank you. 12 makeup. 13 MR. DALLER: Can we pull up the statement 13 MR. DALLER: All right. All right, again, please, by the pastor? everybody. Have a good day. 14 14 15 THE VIDEOGRAPHER: (Indicating.) 15 THE WITNESS: Thanks. You too. THE VIDEOGRAPHER: This concludes the 16 MR. DALLER: Okay. 16 17 17 videotaped deposition via Zoom of Greg Papa. Off the BY MR. DALLER: So she believes that "the functions of the 18 18 record at 5:41 p.m. 19 present COVID-19 alter genetic makeup," correct? 19 20 The genetic makeup of the body. 20 (Signature waived.) 21 "Functions of the present vaccine," so she's 21 (Whereupon, the above-entitled matter was 22 talking about "function" in that sentence, correct? 22 concluded at 5:41 p.m.) 23 MR. HENNESSY: Objection to form. 23 24 THE WITNESS: I don't know what you mean. 24 25 25 BY MR. DALLER: **EXLER REPORTING EXLER REPORTING** 412-221-4007 412-221-4007 133 131 COMMONWEALTH OF PENNSYLVANIA Greg Papa - by Mr. Daller COUNTY OF ALLEGHENY Okay. And the last paragraph there, that 1 3 I, Margaret J. Exler, a notary public in and for the Commonwealth of Pennsylvania, do hereby certify that the witness, GREG PAPA, was by me first duly sworn to testify the truth, the whole truth, and nothing but the truth; that the foregoing videotaped "it's completely consistent with the decisions she's 3 made decades ago regarding her refusal of recommended medical procedures," correct? 4 5 It's written there. Zoom deposition was taken at the time stated herein; and that the said videotaped Zoom deposition was recorded 6 Q. And it's the pastor's statement, correct? stenographically by me and then reduced to typewriting 7 Α. That's the pastor's statement. under my direction, and constitutes a true record of the testimony given by said witness, all to the best of my Okay. Do you believe that statement? 8 skill and ability. MR. HENNESSY: Objection to form. q I further certify that the reading and signing of said videotaped Zoom deposition were waived 10 BY MR. DALLER: 10 by counsel for the respective parties and by the 11 You can answer. 11 witness. 12 I believe that she submitted this on this. I further certify that I am not a 12 13 I'm believing her. Dawn Gray submitted this, so I am relative, or employee of either counsel, and that I am believing her. 14 13 in no way interested, directly or indirectly, in this action. 15 Q. Okav. So --14 IN WITNESS WHEREOF, I have hereunto set Just like I believed that she believed that 16 15 my hand and affixed my seal of office this 20th day of the COVID-19 vaccines would alter the specific genetic 17 September, 2023. 16 18 makeup of her body. I believe that, too. And you believed that her objection rests 17 19 solidly upon her sincerely-held faith convictions? 20 18 Public 21 MR. HENNESSY: Objection. 19 22 BY MR. DALLER: 23 Do you believe that statement? Q. 21 22 24 Say that again. Ask that differently. I'm 23 25 not sure what you mean by that. 24 25 **EXLER REPORTING** EXLER REPORTING

412-221-4007

412-221-4007

EXHIBIT E

COVID-19 VACCINE RELIGIOUS EXEMPTION FORM



TO BE COMPLETED BY EMPLOYEE/MEDICAL STAFF MEMBER/SHP. PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION:

Name: Dawn Gray	Date of Birth: 1 / 21 / 65
Email address: Gray Da MINS, OT	Phone/Pager No.:
Department and Entity [If MLH Employee]:	MLH Employee Number:
Manager Name [If MLH Employee]: Bill Belowte	Job Title: Chrical cookwater
Department: [If Medical Staff Member or SHP]	Department Chair: [If Medical Staff
*	Member or SHP]

Initial next to each of the statements below:

DIG	I am requesting an exemption from the COVID-19 vaccination requirement due to my sincerely held religious beliefs.
DCC	I understand that if my religious exemption is approved, I will be required to comply and will comply with Main Line Health (MLH) assigned COVID-19 testing requirements and other required preventive guidance. I understand this will include masking at all times while on campus at any MLH facility.
DE 6-	I understand that in the event of a surge in COVID-19 infections, as determined by Main Line Health, I may be reassigned or furloughed and will comply with all restrictions imposed by MLH and accept responsibility for communication with my managers and the Employee Exposure Line (EEL) as appropriate to comply with health and safety requirements for unvaccinated individuals.
DIG	Should I, or my cohabitants, experience symptoms or contract COVID-19, I will immediately contact the EEL to report it and will comply with all recommended guidance.
D.	I acknowledge that I have read the MLH COVID-19 Vaccination Policy and the CDC COVID-19 Vaccine Information:

Main Line Health's Policy on COVID-19 Vaccine

As of October 1, 2021, all MLH Managers, Directors, Executives, members of the Main Line Hospitals and Bryn Mawr Rehabilitation Hospital Medical Staff (MLH Medical Staff), and MLH Medical Staff Specified Health Professionals Medical Staff must comply with the MLH COVID-19 Vaccination Policy. As of November 1, 2021, all MLH employees and contracted clinical personnel* must comply with the MLH COVID-19 Vaccination Policy. COVID-19 vaccination has been proven to be highly effective at preventing COVID-19 infection, severe disease,

Update: 8/5/2021

Reference: MLH Staff Covid-19 Vaccination Policy

hospitalization, and death. MLH and the Centers for Disease Control and Prevention (CDC) recommend all adults receive COVID-19 vaccine.

Religious Exemption Request

MLH recognizes that individuals may have personal beliefs and opinions regarding COVID-19 vaccination. However, personal beliefs or opinions will not be sufficient to qualify for exemptions from the MLH COVID-19 vaccination requirement. A religious exemption from the vaccination requirement will be approved only for a sincerely held belief precluding COVID-19 vaccination that is religious in nature. If a religious exemption is granted, efforts will be made to reasonably accommodate the employee while maintaining a safe work environment for patients, staff, and others. Reasonable accommodations may include reassignment and additional infection prevention measures. While MLH will review each request and look to identify reasonable accommodations for anyone who is granted a religious exemption, it is possible that there may not be a reasonable accommodation that will allow every person with such an exemption to continue to work while unvaccinated.

Process to Request an Exemption

To request a religious exemption from COVID-19 vaccination, this form must be completed and returned by September 15, 2021. Failure to completely and accurately provide the information requested will result in the denial of the religious exemption

CACII	OII.
ber	the space below, please provide a personal statement detailing the sincerely held beliefs that are religious in ature regarding your COVID-19 vaccination objection, explaining why you are requesting this religious exemption, e religious principle(s) that guide your objections to COVID-19 vaccination, and the religious basis that prohibits e COVID-19 vaccination. Please attach additional documentation supporting your sincerely held religious eliefs, if necessary. Explosing I could apply are medical examples due to my allergy to PEG I have a religious exemption due to the property of my religious behit: I have a captured as to why treligiously object to he captured a risk in vecessary. The stepped and I that to capture and then Athe Mt accuracy for my objection is when my highest and I that to capture and then. Athe Mt accuracy for my objection is when my highest and I that to capture and then. Athe Mt accuracy for my objection is when my highest and I that the capture and the
2)	n my objection is when my husband and I trued to concern challer. After not concern for d you receive a religious exemption from MLH for the MLH Mandatory Annual Flu Vaccination requirement? See Yes X No
	yes, is the religious belief that prevented you from receiving the MLH Mandatory Flu Vaccination the same as the ligious belief that is currently preventing you from receiving the COVID-19 vaccination? YesNo
3)	bes the religious belief identified in Question #1 prevent you from receiving other vaccines or just the COVID-19 accine?
	All other Vaccines Some but not all vaccines Only the COVID-19 Vaccines If your religious belief prevents you from receiving only the COVID-19 vaccines, please explain why. (For example, if there is something about the way that the currently approved COVID-19 vaccines are manufactured that prevents you from receiving it, please identify what that is.)
11/4	an not consertable having genetic components that my hody did not create injected my hody. I am not opposed to vaccines. If there is a covid 19 become that come and that
dol	If you this process I would prestigate and consider accepting it. I have done some initial reserve
nta	, Molavax coud is vaceure ordifitis authorized. I would consider this attemption
4)	ou have received a religious exemption for any other vaccine requirements in the past, please provide additional tails, including for which vaccine(s) you received a religious exemption, when you were granted the religious emption, the religious belief underlying the prior exemption request, and whether you were employed by MLH at the e.
Updat	75/2021 Reference: MLH Staff Covid-19 Vaccination Policy pg. 2

DA 160

a suple of year, ex persual Futher Fetity options live word Mough the testing to determine if it was structural or borninal issue. He trust sine "los tech options to achieve a successful pregnance resulting in Science I mocardigue. When he next fertility options were presented to us prought failing considered them and constructed our facts and present helief did not prescepting allow us to take further staps (romanes AI, INF, etc.). Our helief was it we want to have chulden that God would allow it to trappen through Natural means. As beaun 139:13-16 states, "fol you created my it most bear, you know that me together in my mather's words your works are underful. I know that that well my from when the hidden from you when I was made in the secret place, when I was woven together in the depths of the earth. You excession my unformal body: all the day's ordained to me were written in your book to force on of them country be "(DIV). I be here most life begins at anception and ends at natural death. It is this some ballet that suides my objections to getting the current covid in the carriety. I am not comfortable hereing senatic compounts that my body did not acception. I am not comfortable hereing senatic compounts that my body did not acception in geded with my body.

Update: 8/5/2021

Reference: MLH Staff Covid-19 Vaccination Policy

THE REAL PROPERTY.	
Contract of the second	5) Have you ever been approved for any other type of religious accommodation during your employment with MLH?
1	Yes <a>No
THE RESIDENCE OF THE PROPERTY OF THE PARTY O	If yes, please describe the accommodation that was approved, when this occurred and whether the accommodation is still in effect. Even though I have not officerity requested a religious exemption on the basis on my helicity. I have relied upon the graceousness of my collegeus to support panel decision making
	When it carflicts unt my personal religious belief. I have "swithed" assignments with allegent to allow them
	to care for these after an election or for these patients who are asky for Plans. I have assigned when I felt I would be to emotioned to care of those who many he experiencely a moreomap time to my own a scall happers when I longed for a child so badly. 6) Does the sincerely held religious belief that prevents you from receiving COVID-19 vaccination derive from an
	organized religion?
	Yes No
	If yes, please answer the following questions: ● What is the name of the religion: Non Denomination Christian
	When did you first begin to practice this religion: 1900 Proved to long to an approximation on approximation of the province of the prov
	 Do you belong to an organization or group affiliated with this religion (i.e. church, mosque, synagogue etc.)? YesNo
	If Yes, indicate when you first affiliated with this organization or group: でいか day かしんりと
	You may use the attached Request for Religious Exemption from COVID-19 Vaccine Religious Organization Statement Form from a leader of your religious organization to submit in support of your request for a religious exemption.
	7) Please state how receiving the Covid-19 vaccination will negatively affect your purpose in life or death?
	Moughouting like I have held a considert appoint ord- genuine consider about medical missing that seeks to
	ctter how God created me. I helive my loody is the temple of the tholy Spirit "Doyou not know had your broken a
	templis of the Holy Spith who is in you whom you have received from God? You condition you were bought of price. The reser honor God with your boldies "(I corrivations 6:19-20 NW) and I struct to Elbus principle not energy officially officially asked my conscience and materially officially asked my conscience and long the God I low. I certify that the information I have provided in connection with this request is accurate and complete. I understand this
	L certify that the information I have provided in connection with this request is accurate and complete. I understand this
	exemption may be revoked and I may be subject to MILH performance management up to and including termination and/or
	to administrative suspension of my clinical privileges and referral to the Medical Executive Committee of the Main Line Hospitals or Bryn Mawr Rehabilitation Hospital Medical Staff for appropriate action, as applicable, if any of the information I
	provide in support of this exemption request is false.
	Printed Name: Devon E Gry Employee, SHP or Medical Staff Member Signature: 10000 F6000
THE REAL PROPERTY.	Employee, SHP or Medical Staff Member Signature: 1000 500
-	Date: 4/10/11
-	
1	

DA 171

Reference: MLH Staff Covid-19 Vaccination Policy

Update: 8/5/2021

MLH-Gray 00303

Page 2 Question 1

Even though I could apply for a medical exemption due to my allergy to PEG, I have chosen to apply for a religious exemption due to the personal conviction of my religious belief. I have a personal explanation as to why I religiously object to the current COVID 19 vaccines The best example to explain my objection is when my husband and I tried to conceive children. After not conceiving for a couple of years, we pursued further fertility options. We went through the testing to determine if it was a structural or hormonal issue. We tried some "low tech" options to achieve a successful pregnancy resulting in several miscarriages. When the next fertility options were presented to us, we prayerfully considered them and concluded our faith and personal belief did not peacefully allow us to take further steps (hormones, AI, IVF, etc). Our belief was if we were to have children that God would allow it to happen through natural means. As Psalm 139:13-16 states "For you created my inmost being; you knit me together in my mother's womb. I praise you because I am fearfully and wonderfully made; your works are wonderful, I know that full well. My frame was not hidden from you when I was made in the secret place, when I was woven together in the depths of the earth. Your eyes saw my unformed body: all the days ordained for me were written in your book before one of them came to be" (NIV). I believe that life begins at conception and ends at natural death. It is this same belief system that guides my objections to getting the current COVID 19 vaccination. I am not comfortable having genetic components that my body did not create injected into my body.

Page 2 Question 3

I am not comfortable having genetic components that my body did not create injected into my body. I am not opposed to vaccines. If there is a COVID 19 vaccination that comes out that does not use this process I would investigate and consider accepting it. I have done some initial research into the Novavax Covid 19 vaccine and if it is authorized, I would consider this alternative.

Page 4 Question 5

Even though I have not officially requested a religious exemption on the basis of my beliefs I have relied upon the graciousness of my colleagues to support patient decision making when it conflicts with my personal religious belief. I have "switched" assignments with colleagues to allow for them to care for those after an abortion or for those patients who are asking for Plan B. I have also switched assignments when I felt I would be too emotional to care for those who might be experiencing a miscarriage due to my own miscarriages when I longed for a child so badly.

Page 4 Question 7

Throughout my life, I have held a consistent approach and a genuine conviction about medical invasion that seeks to alter how God created me. I believe my body is the temple of the Holy Spirit "Do you not know that your bodies are temples of the Holy Spirit, who is in you, whom you have received from God? You are not your own, you were bought at a price. Therefore honor God with your bodies" (I Corinthians 6: 19-20) and I strive to follow principles that are glorifying to God in acknowledgement of this. Getting this vaccine would negatively affect my conscience and soul, not allowing me to serve and honor the God I love.



Main Line Health®

Well ahead."

Request for Religious Exemption from COVID-19 Vaccine Religious Organization Statement Form

Name of Observant: Dawn Gray
Name of Religious Organization: Calvary Bible Church 110 Valley Park, Rd. Phoemxville, PA19
Religious Organization Address and Email: phoenix Ville Church . com
Name of Religious Leaders and Title: Rev. Harry Fatcher, Pas Zor
For Religious Leader:
In the space below, please provide a written and signed statement supporting the basis of the observant's faith/beliefs which are contrary to the practice of vaccination or use of the COVID-19
vaccination. Dawn (ray is a member of Glygry Bilds Church of Ploemxille Hand is regular in attending our church services. As explained to the and is regular in attending our church services. As explained to the child in general. But her understanding of the composition and programme of the analysis (ONI)19 "vaccinated do not align with her personal connections, (Onlident that God has determined the precise physiological meto up of each individual person, she believes that the functions of the precise (VV) 19 "vaccines" woold after the specific general mate up of her post of the precise of human anathery than I. Dawn's post for on the COVITY "vaccines" is completely consisted, with decisions she made decades ago regarding her refused of recommended medical procedu I am sabs had that her shire than to a COVITY innoculation nests scholly copies for my religious organization in good standing and holds a sincere religious belief that is against the receipt of the COVID-19 vaccination. Sincerell held Carth conviction of sincere religious belief that is against the receipt of the COVID-19 vaccination. Signature: Printed name: Harry Fletcher Signature: Date: 8/12/21

Update: 8/5/2021

Reference: MLH Staff Covid-19 Vaccination Policy



Well ahead.

Request for Religious Exemption from COVID-19 Vaccine Religious Organization Statement Form

Name of Observant: Dawn Gray
Name of Religious Organization: Calvara Bible Church 110 Valley Park Rd. Phoenxulle, PA 19460 Religious Organization Address and Email: phoen 1801 le ehurch. com
Religious Organization Address and Email: phoenixulle ehure b. com
Name of Religious Leaders and Title: Rev. Harw Fletcher, Pastor
For Religious Leader:
In the space below, please provide a written and signed statement supporting the basis of the observant's faith/beliefs which are contrary to the practice of vaccination or use of the COVID-19 vaccination.
Dawn Gray is a member of Calvary Bible Church of Phoenixville, PA, and is regular in attending our church services. As explained to me, she is not opposed to vaccinations in general. But her understanding of the composition and performance of the available COVID19 "vaccines" do not align with her personal convictions. Confident that God has determined the precise physiological make up of each individual person, she believes that the functions of the present COVID19 "vaccines" would alter the specific genetic make up of her body. As an RN, Dawn has considerably more knowledge of human anatomy than I.
Dawn's position on the COVID19 "vaccines" is completely consistent with decisions she made decades ago regarding her refusal of recommended medical procedures. I am satisfied that her objection to a COVID 19 inoculation rests solidly upon sincerely held faith convictions.
I certify that my statement above is true and accurate and that the above-named observant is a member of my religious organization in good standing and holds a sincere religious belief that is against the receipt of the COVID-19 vaccination. Printed name:

Update: 8/5/2021

Reference: MLH Staff Covid-19 Vaccination Policy

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questions or concern, please	e reach out to your HR les	ad	org. If you have arry
questions of concern, please	e reach out to your rink lea	au.	
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Update: 8/5/2021	Reference: MLH Staff Covid-19 Va	accination Policy	pg. 6

MLH-Gray 00307

EXHIBIT F

1 1 IN THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA 2 3 DAWN GRAY, Civil Action No. 2:23-cv-00263-KNS 4 Plaintiff, 5 VS. 6 MAIN LINE HOSPITALS, 7 INC., 8 Defendant. 9 10 11 12 VIDEOTAPED ZOOM DEPOSITION OF REV. CASEY BIEN-AMIE 13 Wednesday, August 16, 2023 14 15 16 17 18 19 20 21 22 23 ELECTRONIC DISTRIBUTION, FORWARDING OR REPRODUCTION OF THIS TRANSCRIPT IS PROHIBITED WITHOUT AUTHORIZATION 24 FROM THE CERTIFYING AGENCY 25 **EXLER REPORTING** 412-221-4007

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1	VIDEOTAPED ZOOM DEPOSITION OF REV. CASEY BIEN-AMIE,	2		
2	a witness herein, called by the Plaintiff for		_	
3	examination, taken pursuant to the Federal Rules of	3	WITNESS	DEV. CASEV DIEN AMIE
4	Civil Procedure, by and before Pamela J. Rose, a	4	WITNESS:	REV. CASEY BIEN-AMIE
5	Registered Professional Reporter and a Notary Public in	_		
6	and for the Commonwealth of Pennsylvania, held remotely	5	EXAMINATION:	<u>PAGE</u> :
7	with all participants appearing via Zoom, on Wednesday,	6		
8	August 16, 2023, at 1:59 p.m.		BY MR. DALLER	6
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1	APPEARANCES:			5
1 2	APPEARANCES: For the Plaintiff:	1	_ P R O (
	For the Plaintiff:	1 2	<u>P R O (</u>	5 C E E D I N G S
3	For the Plaintiff: JOHN A. DALLER, ESQUIRE Daller Law Firm	2		 C E E D I N G S
2	For the Plaintiff: JOHN A. DALLER, ESQUIRE	2	THE VIDEO	CEEDINGS CHARLES Good afternoon. My
3	For the Plaintiff: JOHN A. DALLER, ESQUIRE Daller Law Firm P.O. Box 162 510 Pittsburgh Street Mars, PA 16046	2 3 4	THE VIDEO	 C E E D I N G S
3 4	For the Plaintiff: JOHN A. DALLER, ESQUIRE Daller Law Firm P.O. Box 162 510 Pittsburgh Street	2 3 4 5	THE VIDEO name is Pat O'Malley, and Litigation Advantage.	C E E D I N G S C E E D I N G S GRAPHER: Good afternoon. My I'm a legal videographer for
2 3 4 5 6	For the Plaintiff: JOHN A. DALLER, ESQUIRE Daller Law Firm P.O. Box 162 510 Pittsburgh Street Mars, PA 16046 724-201-2050 johndaller@daller-law.com	2 3 4 5 6	THE VIDEO name is Pat O'Malley, and Litigation Advantage. Today's date is A	CEEDINGS CEEDINGS GRAPHER: Good afternoon. My I'm a legal videographer for August 16, 2023, and the time
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Rev. Casey Bien-Amie - by Mr. Daller 6 Rev. Casey Bien-Amie - by Mr. Daller 8 1 REV. CASEY BIEN-AMIE, 1 as director of pastoral care? 2 2 a witness herein, having been first duly sworn, was I am a spiritual care coordinator at Lankenau 3 examined and testified as follows: 3 **Medical Center.** 4 **EXAMINATION** 4 Q. Okay. So you don't have any role over the 5 5 BY MR. DALLER: entire health system's spiritual care practice; correct? 6 6 Good afternoon again, Reverend. Just a couple Α. We do not have a director. 7 7 of preliminary matters to, you know, go over. I know Oh, okay. And do you still participate in O 8 we've done one of your depositions previously, so I 8 the -- I believe it was the CPE program? 9 think you'll understand some of the questions. I'll try 9 I support it, yes. Α. 10 10 and go through it. You support that, okay. All right. 11 I believe you have a hard stop at 4 p.m.; is 11 And since we've last spoken, have you done any 12 that correct? 12 other continuing education around COVID, particularly as 13 13 it relates to discrimination in the religious arena? Α. Yes. 14 Q. Oh, okay. Well, we'll certainly try and 14 Α. I don't believe so. 15 15 accommodate that, and I think we'll be successful. Q. No? Okay. 16 16 So I'm going to ask you a series of questions Now, you were disclosed as being a member of 17 today. It's important that we don't talk over each 17 the group that considered Ms. Gray's COVID-19 exemption 18 18 other. I know that with the technology, that's apt to request; is that correct? 19 19 happen because, you know, I see -- I don't hear anything Α. Yes. 20 20 and the mouth stops moving and I think that, you know, Okay. And do you have any particular 21 21 recollections of reviewing that application? you've finished. 22 22 So if I do that to you, I apologize in Α. Some. 23 advance. Please just let me know. Okay? 23 Some? Okay. All right. 24 I understand. 24 Well, why don't you tell me what you recall Α. 25 And it's also important that we verbalize our 25 before we get into the application; you know, the papers Q. **EXLER REPORTING EXLER REPORTING** 412-221-4007 412-221-4007 Rev. Casey Bien-Amie - by Mr. Daller Rev. Casey Bien-Amie - by Mr. Daller 9 that she had submitted. answers, right, because Ms. Rose can't write down a head 2 2 nod or something like that, even though I know I do that I recall her sharing personal stories of her 3 all the time. 3 life, a little bit of life review, and I recall -- I'm sorry for the pause. I think that's most of what I 4 4 And then if I ask a question and you don't 5 understand it, please ask me to clarify it because, 5 recalled. 6 otherwise, I'll assume that you answered it the way I 6 Q. Mm-hmm, okav. 7 7 intended it to come out. A. Yeah. 8 Okay? 8 All right. And, to your recollection, when 9 I understand. 9 the committee reviewed her application, what was your Α. 10 You're not taking any type of prescription 10 opinion or decision or, you know, what did you express Q. 11 medications today or nonprescription meds that would 11 to the group that you thought should be done? 12 12 impair your ability to answer questions fully and Α. Could you rephrase the question? 13 13 completely; correct? Sure. Q. 14 I am not taking any medicines. 14 So you met with the group; correct? 15 15 Q. Okay, great. Α. 16 MR. DALLER: And, Brendan, you'll reserve 16 Okay. While you were meeting, I'm sure you 17 17 any objections, other than form and privilege, for trial had discussions with those groups, that group; correct? 18 18 Α. or... 19 MR. HENNESSY: Yes, that's correct. 19 Okay. What did you express as your opinions, 20 20 MR. DALLER: Okay. thoughts on her application to the group? 21 21 From what I recall -- I wouldn't be able to BY MR. DALLER: 22 22 remember what I said, you know, verbatim -- but that I And if you do need a break, even though, 23 hopefully, we'll be here less than two hours, you know, 23 recall that much of what was stated was medical in 24 certainly let me know. This is not a marathon race. 24 nature, and we did not have a clear understanding of the 25 Now, are you still working at Main Line Health religious objection to the vaccine. **EXLER REPORTING EXLER REPORTING** 412-221-4007 412-221-4007

	Case 2.23-CV-00263-KNS DOCHENIEASE	Y BIEN	AMEIIEU 10/02/23 Page 180 01 205
	Rev. Casey Bien-Amie - by Mr. Daller 10		Rev. Casey Bien-Amie - by Mr. Daller 12
1	Q. Okay. Was it primarily the connection between	1	vaccines? Only if it's within your knowledge.
_			• • • • • •
2	what she had said and her request for the religious	2	A. I know only of the vaccines that I've engaged
3	exemption, or was it more the medical things that she	3	with.
4	said and you didn't even understand that part?	4	Q . Okay. All right.
5	MR. HENNESSY: I'm going to object to	5	And, now, I recall from our previous
6	form.	6	discussions that you have an interest in social justice
7	If you understand the question, you can answer	7	and diversity; is that correct?
8	it.	8	A. I do, yeah.
		9	
9	THE WITNESS: I don't have a more or less		Q. Okay. And does your and did your interest
10	knowledge of that.	10	in diversity influence your decisionmaking during these
11	BY MR. DALLER:	11	committee meetings at all?
12	Q . Okay. And was your opinion that she was	12	A. Could you rephrase the question?
13	expressing more of a medical situation your opinion, or	13	Q. Sure. Did your you have an interest in
14	was it something that you were told by, perhaps, a	14	diversity; correct?
15	doctor that was on the committee?	15	A. Yes.
16	MR. HENNESSY: Object to form.	16	Q. Okay. And there were certain goals of
17	You can answer.	17	diversity?
18	THE WITNESS: The I can only assess the	18	•
	•		I mean, by its very nature, right, it's
19	statements that were given to me of the expertise to	19	inclusive and diverse; would you agree?
20	understand the medical background.	20	A. Yes.
21	BY MR. DALLER:	21	Q. Okay. Did those goals or descriptions, that
22	Q. Okay. All right. And were you given any	22	description of diversity, influence how you look at any
23	medical background from, you know, other people who were	23	of the exemption requests?
24	in attendance with you that day?	24	A. I can't think of specific ways in which
25	A. I wouldn't be able to recall specifics, but I	25	DREI or diversity, respect, equity and inclusion
	EXLER REPORTING		EXLER REPORTING
	412-221-4007		412-221-4007
	Rev. Casey Bien-Amie - by Mr. Daller 11		Rev. Casey Bien-Amie - by Mr. Daller 13
	Rev. Casev Dieti-Attile - Dv Wil. Dallet 11		
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	Rev. Casey Bien-Amie - by Mr. Daller 14		Rev. Casey Bien-Amie - by Mr. Daller 16
1	heard the question or the cross-examination.	1	Q. Okay. Were you ever given a document or
2	MR. DALLER: Okay.	2	criteria even beforehand, like maybe at the beginning
3	MR. HENNESSY: So I don't I think it	3	when you started reviewing these, in general?
4	needs to be reformed, the question.	4	A. Not no.
5	MR. DALLER: All right.	5	Q. No? Okay.
6	BY MR. DALLER:	6	•
7		_	So earlier you had said that your recollection
	Q. The question is are you going to offer any	7	was, regarding Mrs. Gray's request, that it talked about
8	testimony at trial regarding the medicine of the	8	a lot of medical things; correct?
9	vaccine?	9	A. Yes.
10	MR. HENNESSY: I'm still going to state an	10	Q. Okay. And other than talking about the
11	objection to form.	11	medical things, were there other reasons why you felt it
12	If the witness can answer, go ahead.	12	did not express a sincerely-held religious belief?
13	THE WITNESS: I don't have any medical	13	A. I wouldn't feel comfortable going just based
14	expertise.	14	on recollection.
15	BY MR. DALLER:	15	Q. Okay. All right. And just to be sure, nobody
16	Q . Okay. All right.	16	told you that day that what she said was, quote, "bad
17	And prior to that day when, you know, the	17	science" or "not medically true" or similar words like
18	committee met, am I correct in understanding what you	18	that?
19	said before that Dr. Burke reviewed sort of the criteria	19	MR. HENNESSY: Objection to form.
20	or guidelines of the religious exemption requests	20	THE WITNESS: Would you rephrase for me?
21	regarding how to view them?	21	BY MR. DALLER:
22	Is that what you said earlier or	22	Q. Sure. Did anybody tell you that day that the
23	A. I don't believe so, no.	23	statements that she made reflected inaccurate facts?
24	Q. Okay. Did she review any criteria or	24	A. I don't recall anybody saying that.
25	guidelines in general in terms of how to consider a	25	Q. Okay. And is it your opinion that the
	EXLER REPORTING		EXLER REPORTING
	412-221-4007		412-221-4007
	Rev. Casey Bien-Amie - by Mr. Daller 15		Rev. Casey Bien-Amie - by Mr. Daller 17
1	request?	1	totality of what she presented did not create a link of
1 2		1 2	·
_	request?	_	totality of what she presented did not create a link of
2	request? A. No.	2	totality of what she presented did not create a link of why she could not take the vaccine?
2	request? A. No. Q. No? Okay.	2	totality of what she presented did not create a link of why she could not take the vaccine? A. Not from a religious perspective, no.
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2 3 4 5	request? A. No. Q. No? Okay. Did anybody else do that that day? A. I'm sorry? Could you	2 3 4 5	totality of what she presented did not create a link of why she could not take the vaccine? A. Not from a religious perspective, no. Q. Okay. So assuming that she had justification to the medical side, your opinion would be that she
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	Rev. Casey Bien-Amie - by Mr. Daller	18		Rev. Casey Bien-Amie - by Mr. Daller 20
1	have supported her exemption request, despite what she		1	Q . All right. Did you review any of the
2	talked about in the medicine part?		2	scriptural references?
3	MR. HENNESSY: Objection.		3	A. I read through them. I didn't do any formal
4	BY MR. DALLER:		4	exegesis but
5	Q . You can answer if you can. I mean, otherwise,		5	Q . Okay. All right.
6	when we get to the, you know, actual exemption form,		6	Do you recall what specific criteria or
7	we'll go through it in a little bit more detail.		7	guidelines that Mrs. Gray's request did not satisfy?
8	Again, I just want to know if you have any		8	A. Would you rephrase that for me?
9	recollection here, as we sit, as to whether or not you		9	Q. Sure, yeah. We talked about that there has
10	think, okay, this was sort of the reason that her		10	been criteria and guidelines, whether or not you saw
11	request was denied and if something was different, then,		11	them, you know, or had them there that day.
12	"Oh, yeah, that would have made a difference to us."		12	You know, you said that people somebody
13	That's what I'm trying to get at.		13	always at the beginning of the meeting talked about
14	A. I wouldn't be able to assess that with a		14	general guidelines and how you reviewed these requests;
15	hypothetical.		15	correct?
16	Q . Okay.		16	A. Yes.
17	A. I think it would depend what was stated.		17	Q. Okay. Do you recall, again, before we go into
18	Q . Okay. All right.		18	the document, what specific deficiencies were in
19	And did you have any discussion yourself with		19	Ms. Gray's request that led you to deny it?
20	Mrs. Gray, say, prior to the submission of her request		20	A. I think it's better to look at it as the full
21	regarding her request?		21	document.
22	A. I did not.		22	Q . Okay.
23	Q. Okay. Did you have any discussion with her		23	A. The concept was always around a comprehensive
24	after the submission of her request?		24	consistent, long-held belief.
25	A. I did not.		25	Q . Okay.
	EXLER REPORTING			EXLER REPORTING
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		4.0		Rev. Casey Bien-Amie - by Mr. Daller 21
	Rev. Casey Bien-Amie - by Mr. Daller	19		Trov. Gassy Bioli Famile By Mil. Ballot
		19		
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2	Q. Okay. And you're not aware if anybody else did; correct?	19	2	A. There's nuances to how each of those are connected to each other.
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	Rev. Casey Bien-Amie - by Mr. Daller 22		Rev. Casey Bien-Amie - by Mr. Daller 24
1	A. Yeah. I believe I understood what was	1	characterization of nondenominational Christianity?
2	articulated.	2	A No.
3	Q. Okay. All right.	3	Q. What's your understanding of nondenominational
4	MR. DALLER: Patrick, if we can pull up	4	Christianity?
5	the exemption request by Ms. Gray.	5	A. It's incredibly varied, depending on the
6	THE VIDEOGRAPHER: (Indicating.)	6	practice.
7	BY MR. DALLER:	7	Q. Mm-hmm.
8	Q. And I know do you recognize this as	8	A. Most don't have a the leadership structure
9	Ms. Gray's request, Reverend?	9	varies, depending on the nondenominational church. Some
10	A. Yes.	10	can have, you know, bishops and leadership in that realm
11	Q. Okay. Now, I know that her answers are	11	and be connected across multiple churches.
12	handwritten. I also know that within this document	12	Others are standalone churches with the
13	there's, I believe, two typewritten pages that	13	leadership only within their congregation.
14	transcribed what was handwritten. Okay?	14	Q . Mm-hmm.
15	Do you need to take a minute to look at the	15	A. And so the variety is great and it's you
16	document as it was provided by Main Line Health to	16	know, the quality of that tradition is varied. So it
17	refresh yourself on any of the content of the questions	17	would take you would have to look at each church to
18	at all?	18	understand their practice in theology.
19	A. Oh, no.	19	Q. Okay. So that's a very secular kind of
20	Q . No? Okay. All right. That'll help.	20	approach, is it not?
21	MR. DALLER: If we can just go to Question	21	A. In what way?
22	6 then on the document, because that was not	22	Q. Well, if you're talking about organizational
23	particularly or specifically addressed in the	23	structure of an entity here in this world; correct?
24	transcribed portion, and if you can blow that up,	24	A. Oh, I'm talking about ecclesiology on how the
25	Patrick, I'd appreciate it. EXLER REPORTING	25	church is set up. EXLER REPORTING
	412-221-4007		412-221-4007
	Rev. Casey Bien-Amie - by Mr. Daller 23		Rev. Casey Bien-Amie - by Mr. Daller 25
1	THE MESO COADUED (T. I. I.)		
	THE VIDEOGRAPHER: (Indicating.)	1	Q. Okay. All right. From the standpoint of a
2	BY MR. DALLER: (Indicating.)	2	Q. Okay. All right. From the standpoint of a spirituality or a spiritual realm, what would you how
2	BY MR. DALLER:	2	spirituality or a spiritual realm, what would you how
3	BY MR. DALLER: Q. So Question 6 dealt with whether the	2	spirituality or a spiritual realm, what would you how would you characterize nondenominational Christianity? A. That varies greatly, as well. The particular practices, sacraments, ordinances within each
2 3 4 5 6	BY MR. DALLER: Q. So Question 6 dealt with whether the sincerely-held belief that Mrs. Gray was claiming that prevents her from taking the vaccine. I have a couple of questions about it. Right?	2 3 4 5 6	spirituality or a spiritual realm, what would you how would you characterize nondenominational Christianity? A. That varies greatly, as well. The particular practices, sacraments, ordinances within each nondenominational church can vary depending on that
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	Rev. Casey Bien-Amie - by Mr. Daller 26		Rev. Casey Bien-Amie - by Mr. Daller 28
1	would you agree that that leads to a subjectivity of an	1	Q. Okay. Do you think that it might have
2	evaluation then of a particular group of	2	factored into anybody else's decision?
3	nondenominational Christians?	3	A. I wouldn't be able to speak to that.
4	MR. HENNESSY: Objection to form.	4	Q. Okay. Would you do you believe that this
5	If you understand it, go ahead.	5	is like a factual determination, you know, as to her
6	THE WITNESS: I think there's nuance in	6	motivation for applying for the exemption?
7	every whether someone is nondenominational or a part	7	A. Would you rephrase that question?
8	of a more organized not that nondenominational	8	Q. Sure.
9	churches are also organized, but within any nomination,	9	If you had to characterize that statement,
10	there is a nuance to how they believe, and so it would	10	would you say that your opinion of it was a fact that
11	lend itself to look at the individual.	11	was true, or did you think that this was more subjective
12	BY MR. DALLER:	12	on her part, that statement?
13	Q . Okay. Did that potential for variability	13	MR. HENNESSY: Objection to form.
14	subjectivity factor into your decision at all in regards	14	If you understand it
15	to Mrs. Gray's case?	15	THE WITNESS: I believe that that was her
16	A. No.	16	experience.
17	Q. No? Okay. So you did not doubt that she	17	BY MR. DALLER:
18	followed a religion, regardless of how that was going to	18	Q. Okay.
19	be defined?	19	A. That she believed that she could apply for a
20	She did follow a religion; correct?	20	medical exemption. She didn't give a I don't know
21	A. Yes. Yes.	21 22	anything about PEG and would not be able to speak to
22 23	Q. All right. MR. DALLER: Let's go to the typewritten	23	Q. Okay. And then the next sentence where, "I
24	page then that has Page 2, Question 1 on top of it.	24	have a personal explanation" as to why she religiously
25	THE VIDEOGRAPHER: (Indicating.)	25	objects, do you see that?
	EXLER REPORTING		EXLER REPORTING
	412-221-4007		412-221-4007
	Rev. Casey Bien-Amie - by Mr. Daller 27		Rev. Casey Bien-Amie - by Mr. Daller 29
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1 2	MR. DALLER: All right. And if we can	1 2	A. I do.
2	MR. DALLER: All right. And if we can sort of blow up that first paragraph.	2	A. I do. Q. Okay. And do you accept that as a statement
2	MR. DALLER: All right. And if we can sort of blow up that first paragraph. THE VIDEOGRAPHER: (Indicating.)	2	A. I do. Q. Okay. And do you accept that as a statement of her telling you how religion has impacted her
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	Rev. Casey Bien-Amie - by Mr. Daller 30	Rev. Casey Bien-Amie - by Mr. Daller	32
1	 A. Yeah.		
2	Q. Okay.	2 Q. Okay. All right. And then she says that,	
3	And so then in the next sentence, Ms. Gray	3 "When the next options were presented" do you see	
4	talks about the misfortune of not being able to conceive	4 that part?	
5	for a couple of years; correct?	5 A. I see that, yes.	
6	A. Yeah.	6 Q. Okay. "That they prayerfully considered the	n
7	Q. Okay. And then they decided to pursue	7 and concluded that their faith would not allow them to	
8	fertility options; correct?	8 take those further steps"; correct?	
9	A. Yeah.	9 A. Yes.	
10	Q. Okay. Was this a medical statement, in your	10 Q. Okay. And she, in parentheses, then, she ki	nd
11	mind?	11 of lists what some of those are; correct?	
12	A. More a historical, life-review engagement.	12 A. Yes.	
13	Q. Okay. And then in the next sentence, she	13 Q. Okay. And she lists hormones, AI which I	'm
14	actually goes on to say, "to determine whether there	14 assuming is artificial insemination and then IVF,	
15	was a structural or a hormonal issue"; correct?	15 which is in vitro fertilization; correct?	
16	A. Yes.	16 A. Yes.	
17	Q. Okay. And would you agree that that sentence,	17 Q. Okay. Are those things different than, like,	
18	in and of itself, is probably a medical statement;	18 taking a temperature?	
19	correct?	19 A. Yes.	
20	A. Yes.	20 Q. Okay. In what way would you say they're	
21	Q. Okay. And then she goes on to describe sort	21 different?	
22	of what they did in order to conceive; right? And she	22 A. Well, they're three very different examp	les.
23	refers to low-tech options to achieve a successful	23 Q . Okay.	
24	pregnancy; right?	24 A. But, yeah, I would say that taking a	
25	And, unfortunately, it sounds like that was	25 temperature is taking in data, while these are mo	re
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		Rev. Casey Bien-Amie - by Mr. Daller	00
	Rev. Casey Bien-Amie - by Mr. Daller 31	Nev. Gasey Bioli-Airlie - by Wir. Dailei	33
1	, , , , , , , , , , , , , , , , , , ,	1 interactive.	33
1 2	Rev. Casey Bien-Amie - by Mr. Daller 31 not successful; correct? A. Yes.		33
_	not successful; correct?	1 interactive.	33
2	not successful; correct? A. Yes.	1 interactive. 2 Q. Okay. Manipulations, perhaps?	33
3	not successful; correct? A. Yes. Q. Okay. And did you have an understanding of	 1 interactive. 2 Q. Okay. Manipulations, perhaps? 3 A. Possibly, depending on 	33
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	Rev. Casey Bien-Amie - by Mr. Daller 34		Rev. Casey Bien-Amie - by Mr. Daller 36
4	O Okay Ta the Bible situationally dependent as		
1	Q. Okay. Is the Bible situationally dependent as to one's beliefs in it?	1	Q. Well, I mean, I asked about knowledge. I
2		2	would think guidelines of the EEOC, they are what they
3	A. Would you rephrase the question?	3	are; right? We can look them up, but that's fact.
4	Q. Sure. So if you believe that the Bible says	4	That's knowledge.
5	that you shall not do something correct?	5	When I'm talking about "belief," I'm asking
6	A. I believe it does have statements of "you	6	about your religious beliefs, you, as a person, your
7	shall not," yes.	7	understanding of things, of life.
8	Q. Okay. All right. Are you allowed to pick and	8	Did those beliefs play a role in your
9	choose when or whether you do or do not apply that	9	determination of what Mrs. Gray's request said?
10	prohibition?	10	A. No.
11	MR. HENNESSY: Objection to form.	11	Q . It did not? Okay.
12	THE WITNESS: I would also be curious.	12	A. It did not, no.
13	Are you asking about my personal belief or belief of	13	Q. It had no role in it?
14	Christianity, in general?	14	A. No, it did not.
15	BY MR. DALLER:	15	Q. Okay. Now, going back to what she had said,
16	Q. Well, I mean, I think where I'm going with	16	you know, previously she talked about the low-tech
17	this is Christianity, in general, okay, as is that	17	options and then she talked about sort of the
18	a you know, a denominational difference in	18	manipulative things, as I think we agreed we can call
19	Christianity; that there are absolutes in the Bible?	19	them hormones, artificial insemination, in vitro
20	And then if it's the individual because just let me	20	fertilization and that if it was going to happen, God
21	leave it at that for now.	21	would allow it to happen; correct?
22	Do you believe that the Bible gives absolutes	22	That's what she said?
23	to some Christians, at least?	23	A. Yes.
24	MR. HENNESSY: Objection to form.	24	Q. Okay. And looking at that, did you accept
25	BY MR. DALLER:	25	that as or did you consider that as a medical thing
	EXLER REPORTING		EXLER REPORTING
	412-221-4007		412-221-4007
	Rev. Casey Bien-Amie - by Mr. Daller 35		Rev. Casey Bien-Amie - by Mr. Daller 37
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1	Q. You can answer.	1	or a spiritual thing?
2	Q. You can answer. A. I would need more understanding of your	2	or a spiritual thing? A. She used both.
	Q. You can answer. A. I would need more understanding of your question. I'm sorry.		or a spiritual thing? A. She used both. Q. Okay. And does the fact that she used both
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	Rev. Casey Bien-Amie - by Mr. Daller 38		Rev. Casey Bien-Amie - by Mr. Daller 40
1	MR. HENNESSY: Objection.	1	of that statement, it really is an admonition, in a way,
2	BY MR. DALLER:	2	in terms of manipulating what God has made; correct?
3	Q. You can answer.	3	MR. HENNESSY: Objection to form.
4	A. It came out in this application, so it's	4	THE WITNESS: Yeah, would you please say
5	clearly a major component of her story.	5	that question again?
6	Q. Okay. And I believe you testified earlier	6	BY MR. DALLER:
7	that there are sort of some absolutes in the Bible in	7	Q. Sure. Building off of that, it's almost an
8	terms of what you shall or shall not do; correct?	8	admonition, if you will, in terms of interpretation of
9	A. There are statements of such in the Bible.	9	interfering with what God has created?
10	Q. Okay. And there's probably other statements	10	A. I'm sure there could be an interpretation like
11	that, depending upon what an individual believes, okay,	11	that.
12	the depth of their belief, their relationship to their	12	Q. Okay. Did you know if that was Mrs. Gray's
13	God and to Jesus, depending upon that relationship, some	13	interpretation?
14	other things in the Bible could be absolutes to them;	14	A. I don't know.
15	correct?	15	Q. Okay. And you didn't know if that's the
16	MR. HENNESSY: Objection to form.	16	interpretation of the spiritual leaders that she follows
17	BY MR. DALLER:	17	here on earth, do you?
18	Q. You can answer.	18	A. Not from her pastor's statement, no.
19	A. Yeah. Would you mind I just lost track of	19	Q. Okay. And then she says, in fact, that, this
20	what the question was.	20	belief system is what guides her objections to getting
21	Q. Sure. Do you believe that, based upon an	21	the vaccine; correct?
22	individual's understanding of what they're reading in	22	A. That is her statement in the paragraph.
23	the Bible, okay, that they may have absolute beliefs	23	Q. Okay. And then she states that she's not
24	developed as part of their religious fabric, based upon	24	comfortable having genetic components that her body did
25	what they're reading?	25	not create injected into her body; is that correct?
23	EXLER REPORTING	23	EXLER REPORTING
	412-221-4007		412-221-4007
	Rev. Casey Bien-Amie - by Mr. Daller 39		Rev. Casey Bien-Amie - by Mr. Daller 41
1	MR. HENNESSY: Objection to form.	1	A. She does state that, yes.
2	BY MR. DALLER:	2	Q. Okay. Is that statement inaccurate?
3	Q . You can answer.	3	A. Taken into context of the entire application,
4	A. Yeah. I believe that people have a varying	4	it does raise a flag of inconsistency, as she does
5	degree of boundaries and rules that they follow in their	5	partake in other vaccines.
6	understanding of their religious tradition.	6	Q. Okay. Would that inconsistency be dependent
7	Q. Okay. All right. And, in fact, in the next	7	upon the vaccine in general or the other vaccines'
8	several lines, Ms. Gray quotes something from Psalm 139;	8	natures, if you will?
9	correct?	9	A. There can be a variety, but we don't have
10	A. Yes.	10	enough information in this question. We would have to
11	Q. Okay. And take a minute to read that.	11	take the whole application in a cohesive nature.
12	A. Sure.	12	Q. Uh-huh, okay. And is the fact that she took
13	(The witness is reviewing the document.)	13	the flu vaccine, if she did, a problem?
14	I've read it.	14	A. Well, we don't have enough information here
15	Q. Okay. And what's your understanding of this	15	tying what component of intervention medically where her
16	verse in terms of Mrs. Gray's utilization of it as you	16	boundaries are and how they relate to her religious
17	read her application?	17	beliefs.
18	A. You know, it's a scripture that relates to	18	Q. Okay. So you think you need more information?
19	God's intimate connection with parents and the child	19	A. From this question, yes.
20	wanting to be born.	20	Q. Okay.
21	Q . Mm-hmm.	21	A. You'd have to move on to the ongoing questions
22	A. Yeah. It's actually a scripture that we use	22	in the application.
23	very often caring for people who have come through	23	Q. Okay. You believe that the answers are
24	losses of babies.	24	somewhere else within the application?
25	Q. Okay. In fact, you know, sort of building off	25	A. We offer multiple questions. We offer
	EXLER REPORTING		EXLER REPORTING
	412-221-4007		412-221-4007

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1	multiple opportunities for people to share the different	1	A. Correct.
2	aspects of their beliefs. It is thought that if it's	2	Q. Okay. And then we'll get into Question 3, I
3	not explained in one question, it will be explained in	3	think, next here.
4	another.	4	In response to the question she said she
5	Q. Okay. And she if you need to look at it,	5	cannot take she can take some but not all vaccines?
6	we can but for the sake of time, for Question 2, the	6	A. Yes.
7	question was, "Did you receive a religious exemption	7	Q. Okay. All right.
8	from MLH or the MLH mandatory annual vaccine	8	MR. DALLER: Let's blow up Page 2,
9	requirement?" And she stated, "No." And I don't	9	Question 3.
10	believe there's any other additional text to go with	10	THE VIDEOGRAPHER: (Indicating.)
11	that.	11	BY MR. DALLER:
12	Do you need to see that or	12	Q. And in there she go ahead. Take a minute
13	A. I don't need to see that, no.	13	to review that.
14	Q. Okay. Would that piece of information does	14	A. (The witness is reviewing the document.)
15	that alter your or enhance, in your opinion, your	15	Q. Let me know when you're done.
16	response regarding the comfortableness with "genetic	16	A. I'm done.
17	components that my body did not create" and your	17	Q. Okay. She starts off by saying that she's
18	statements about vaccine?	18	"not comfortable having genetic components that my body
19	 A. It still is not enough information. 	19	did not create" injected into her body; is that correct?
20	Q . Okay.	20	A. That is what she states.
21	A. There's not enough of a link here.	21	Q . Okay. Is that inconsistent with the flu
22	Q. Mm-hmm, okay.	22	vaccine?
23	Now, if somebody did take the flu vaccine,	23	A. They are made differently, to my
24	okay, the day before and they didn't want the COVID	24	understanding, but I wouldn't be able to testify to the
25	vaccine, is that something how would you, if you have	25	ways that the vaccines are created.
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	Rev. Casey Bien-Amie - by Mr. Daller 43		Rev. Casey Bien-Amie - by Mr. Daller 45
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1	any knowledge of, you know, the committee in general,	1	Q. Okay. So your testimony and I just want to
2	any knowledge of, you know, the committee in general, how would they consider that?	2	Q. Okay. So your testimony and I just want to differentiate making them to kind of what they are when
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	Rev. Casey Bien-Amie - by Mr. Daller 46		Rev. Casey Bien-Amie - by Mr. Daller 48
1	in terms of somebody's willingness to take the vaccine?	1	A. Correct.
2	A. Would you restate that question for me?	2	Q. Okay. And I think would you agree that
3	Q. Sure. You stated that there are some	3	this statement kind of reinforces what we were just
4	differences; correct?	4	talking about, that one doesn't necessarily correlate to
5	A. Yes.	5	the other?
6	Q. Okay. And the people, when they look at those	6	MR. HENNESSY: Objection to form.
7	differences, may make a different decision as to whether	7	THE WITNESS: I think it's a reminder that
8	or not they'll take one vaccine versus the other;	8	people would have to apply separately.
9	correct?	9	BY MR. DALLER:
10	A. Yes.	10	Q. Mm-hmm.
11	Q. Okay. Do you have an opinion as to those	11	A. And I think it's a dangerous step if they
12	actions and their applicability to a sincerely-held	12	don't know that they should reapply. They could have
13	religious belief that "I cannot take the vaccine," the	13	easily just assumed otherwise.
14	COVID vaccine?	14	Q. Okay. I think you can I mean, if you are
15	MR. HENNESSY: I'm going to object to	15	going to be exempt automatically because you're exempted
16	form.	16	from the flu vaccine, then this sentence has no purpose;
17		17	correct?
18	But if the witness can answer, go ahead.		
	THE WITNESS: I'm sorry. I didn't fully	18	MR. HENNESSY: Objection.
19	understand the last part of that question.	19	THE WITNESS: I'm sorry. Would you say
20	BY MR. DALLER:	20	the beginning of that question again?
21	Q. Do you believe that somebody who takes the flu	21	BY MR. DALLER:
22	vaccine would have a legitimate reason not to take the	22	Q. Sure. If the organization was going to say,
23	COVID-19 vaccine?	23	"If you're exempt from the flu vaccine, you are going to
24	A. Yes.	24	be exempt from the COVID vaccine," if that was the
25	Q. You do? Okay. All right.	25	organization's position, then this sentence would have
	EXLER REPORTING		EXLER REPORTING
	412-221-4007		412-221-4007 Rev. Casey Bien-Amie - by Mr. Daller 49
	Rev. Casey Bien-Amie - by Mr. Daller 47		Rev. Casey Bien-Amie - by Mr. Daller 49
1			
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2	MR. DALLER: And, Patrick, if we can just pull up it's a file, e-mails of August 10th and 11th,	2	no purpose in this document; correct? A. I would assume they would write the sentence
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		Rev. Casey Bien-Amie - by Mr. Daller 50		Rev. Casey Bien-Amie - by Mr. Daller 52
1	Α.	Yeah. My interpretation of this statement is	1	what?
2		s is a new process and any religious exemption	2	A. All sorts of things.
3	that wo	ould be requested would have to have its own	3	Q. I mean, in general, not you know, specific:
4	applicat	tion.	4	It's going to make this protein or that.
5	Q.	Okay. All right. So by conclusion then, you	5	I mean, what does it communicate in the cell?
6	could be	exempt from one and not the other?	6	MR. HENNESSY: Objection. Again, this
7	Α.	Correct.	7	witness is not a medical expert.
8	Q.	Okay. All right.	8	MR. DALLER: I'm not saying she is. I'm
	Q.	•	_	, -
9		MR. DALLER: Let's go back to Page 2,	9	trying to understand her understanding of what is
10	Question	a 3, and if we can just blow that up.	10	written in here, and since the statement of genetic
11		THE VIDEOGRAPHER: (Indicating.)	11	components was made, then I need to explore what her
12	BY MR. [DALLER:	12	understanding of that is.
13	Q.	Take a minute to review that.	13	Now, if you're willing to stipulate that any
14	A.	Mm-hmm.	14	decision was made based solely upon what she was told by
15		(The witness reviews the document.)	15	a medical person of, you know, what this statement
16	Q.	Whenever you're ready, just let me know.	16	means, then that's fine.
17		I'm ready.	17	
	Α.	-		MR. HENNESSY: I'm not stipulating to
18	Q.	Okay. So Ms. Gray states that she's not	18	anything. It's just your question was, you know, what
19	comforta	able correct?	19	does Messenger RNA communicate within a cell, and I
20	A.	Mm-hmm, yep.	20	thought she answered the question pretty well that it
21	Q.	having genetic components that her body did	21	communicates is the first thing and it seems like
22	not crea	te injected into her body.	22	you're trying to get to a specific thing.
23		Do you see that?	23	So if you have something in mind, go ahead and
24	Α.	I do.	24	ask it, but this is that's my objection.
25	Q.	Okay. What was the nature of the content of	25	MR. DALLER: Okay. All right.
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		Rev. Casey Bien-Amie - by Mr. Daller 51		Rev. Casey Bien-Amie - by Mr. Daller 53
1	the COV		1	
1	the COV	ID vaccines? Do you know?	1	BY MR. DALLER:
2			2	BY MR. DALLER: Q. Would you agree with the statement that
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	RNA? A. Q. compone A. There's to expla Q. RNA that A. Q. Messeng A. Q. like A. Q. A. Q. A. Q.	ID vaccines? Do you know? I mean, were they DNA? Were they Messenger I understood that they were Messenger RNA. Okay. And is Messenger RNA a genetic ent? It is a yeah, it is a part of a cell. a lot more complexity to it than I would be able ein. Okay. But Messenger RNA, you have Messenger t's yours; correct? Indeed, I do. Okay. And do you know what happens to ger RNA? In general? Yeah. I mean, you know, we can go back to, Eighth grade biology? I'm sorry? Eighth grade biology? Yeah. Is that when they teach it now? That's where I learned it. Okay. It's a communication source within the cell.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	BY MR. DALLER: Q. Would you agree with the statement that Messenger RNA is part of the genetic system in a body? MR. HENNESSY: Objection to form. Go ahead. THE WITNESS: I would have to understand how the terms are being used in this case. BY MR. DALLER: Q. Would you defer to a medical person then in terms of you know, if they said that Messenger RNA is not part of the genetic system, if you were told that, would you say, "Okay, it's not"? A. I, you know, would hold that intention with the readings that I would do if I was in that situation. Q. Okay. Now, did you believe, at the time when you evaluated Ms. Gray's request, that that statement that if you are vaccinated, if you received a vaccine, you're having a genetic component injected into your body, did you believe that to be inaccurate? A. Did you say "inaccurate"? Q. Inaccurate, correct. A. I don't know. I don't know. I don't know if I can answer that. Q. Because you don't recall?

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	Rev. Casey Bien-Amie - by Mr. Daller 54		Rev. Casey Bien-Amie - by Mr. Daller 56
1	Q. Okay. As you sit here today, do you believe	1	never know what's going to happen. So you can't always
2	that having the vaccine would result in a genetic	2	predict or plan for something.
		3	
3	component being injected into your body?	_	Would you agree with that?
4	A. I would have to understand how somebody is	4	A. I agree.
5	deciding genetic components.	5	Q. Okay. So, yeah, that's right. I mean, you
6	Q. Okay. So is it fair to say that if you	6	support the American Constitution; correct?
7	required that definition now, you probably would have	7	A. I do.
8	required that definition back then?	8	Q. Yeah. So when somebody comes in, there might
9	A. Yes.	9	be circumstances where, because of her religious
10	Q. Okay. And is it fair to say that you relied	10	beliefs, she cannot participate in the care of an
11	upon I believe you said the medical person on the	11	individual; correct?
12	committee today that you reviewed Mrs. Gray's exemption	12	MR. HENNESSY: Objection to form.
13	request was Dr. Burke?	13	THE WITNESS: Yes.
14	A. For medical information?	14	BY MR. DALLER:
15	Q . Yes.	15	Q. I think you answered. I just didn't hear it.
16	A. Yes.	16	A. Because of her religious beliefs.
17	Q. Was Dr. Marchant present at all? Do you know?	17	Q. Correct.
18	A. I don't recall.	18	A. She could not participate in the care of
19	Q. Okay. And, in fact, you know, sort of in	19	certain patients.
20	followup to Question 3 that asks, "Does it impact all of	20	Q. Correct.
21	them" all vaccines, right? Mrs. Gray actually	21	A. Is what she indicated here.
22	stated that if there was a vaccine that did not, you	22	Q. Okay. And you would agree that that's
23	know, use a genetic component, she would consider it.	23	certainly a possibility for people who have religious
24	Is that not what she said?	24	beliefs; correct?
25	A. She did say that.	25	A. Yes.
	EXLER REPORTING		EXLER REPORTING
	412-221-4007		412-221-4007
		1	
	Rev. Casey Bien-Amie - by Mr. Daller 55		Rev. Casey Bien-Amie - by Mr. Daller 57
4			
1	Q. Okay. All right. In terms of Question 4	1	Q. Okay. And, in fact, I think she gave a couple
2	Q. Okay. All right. In terms of Question 4 where she talks about I believe the question was,	2	Q. Okay. And, in fact, I think she gave a couple of examples; right?
_	Q. Okay. All right. In terms of Question 4 where she talks about I believe the question was, "Have you ever applied for a religious exemption	_	Q. Okay. And, in fact, I think she gave a couple of examples; right? The first is somebody or the second one
2 3 4	Q. Okay. All right. In terms of Question 4 where she talks about I believe the question was, "Have you ever applied for a religious exemption before." Okay? And she wrote what she has, Page 4,	2 3 4	Q. Okay. And, in fact, I think she gave a couple of examples; right? The first is somebody or the second one comes in for Plan B; correct?
2 3 4 5	Q. Okay. All right. In terms of Question 4 where she talks about I believe the question was, "Have you ever applied for a religious exemption before." Okay? And she wrote what she has, Page 4, Question 5, you know, whether she's been approved for	2 3 4 5	Q. Okay. And, in fact, I think she gave a couple of examples; right? The first is somebody or the second one comes in for Plan B; correct? A. That is one of the examples she gives.
2 3 4 5 6	Q. Okay. All right. In terms of Question 4 where she talks about I believe the question was, "Have you ever applied for a religious exemption before." Okay? And she wrote what she has, Page 4, Question 5, you know, whether she's been approved for any other	2 3 4 5 6	Q. Okay. And, in fact, I think she gave a couple of examples; right? The first is somebody or the second one comes in for Plan B; correct? A. That is one of the examples she gives. Q. Okay. Or somebody who required an abortion;
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Q. Okay. All right. In terms of Question 4 where she talks about I believe the question was, "Have you ever applied for a religious exemption before." Okay? And she wrote what she has, Page 4, Question 5, you know, whether she's been approved for any other A. Mm-hmm. Q. Okay. And Question 4 talks about other vaccines, in general, and, you know, I think it was kind of a I don't even see a place for an answer for Question 4 in terms of yes/no. If you didn't answer it, then it was assumed that you never got a vaccine exemption. But Question 5 is for any religious accommodation, in general. Okay? And she writes that MR. DALLER: If you can blow that up, Patrick. THE VIDEOGRAPHER: (Indicating.) BY MR. DALLER: Q. So she hasn't officially requested it, but because of patient decisionmaking, you know, how she works in the emergency room, as you're aware; correct? A. Yeah.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Q. Okay. And, in fact, I think she gave a couple of examples; right? The first is somebody or the second one comes in for Plan B; correct? A. That is one of the examples she gives. Q. Okay. Or somebody who required an abortion; correct? A. That's what she states, yes. Q. And then and she relies on her colleagues for that; correct? A. Yes. Q. Okay. And then she says that she's actually also switched assignments when she believes that she might be too emotional to care for an individual; correct? A. Yes. Q. Okay. Is that statement to you a problem in terms of the religious nature of why she does this? A. Sorry. What is the question? Q. Sure. Is that statement about switching assignments because she's too emotional, okay, is that a problem in terms of being an explanation of a religious belief as opposed to just a personal preference? A. No. Just additional information.
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Rev. Casey Bien-Amie - by Mr. Daller 58 Rev. Casey Bien-Amie - by Mr. Daller 60 1 if you look at the sentence before, it talks about 1 So I would say that I've seen people have 2 abortion or Plan B; right? miscarriages and feel a sense of relief; I've seen 3 Those are proactive care situations, correct, individuals go through abortion and have grief that 4 where a person comes in and says, "I think I might be 4 lasts deep into their elderly years. 5 5 Okay. pregnant. I either, A, want an abortion, or, B" -- you Q. 6 6 know, "The conception is relatively recent. Therefore, MR. DALLER: Let's move on to Page 4, 7 I want to take the Plan B medicine?" 7 Question 7. 8 8 That's a proactive thing; correct? THE VIDEOGRAPHER: (Indicating.) 9 9 MR. HENNESSY: Objection to form. BY MR. DALLER: 10 10 THE WITNESS: I probably wouldn't qualify And this question of the prompt is how taking 11 it as proactive. You can be proactive for some things 11 the COVID vaccine negatively affects your purpose in 12 but sort of reactive to others. 12 life or death? 13 13 BY MR. DALLER: Mm-hmm. 14 Q. In terms of a required action, if somebody 14 Q. And Ms. Gray says that throughout her life, 15 15 wants an abortion or they want to take Plan B, right, she's had "a consistent approach and genuine conviction 16 they need something at that point; correct? 16 about medical invasion that seeks to alter how God 17 They either need a surgical procedure or they 17 created me." Okay? 18 18 need a medication to be administered to them; correct? Do you see any relationship -- or what's your 19 19 understanding of the relationship between what she 20 20 Q. Okay. In terms of somebody who's having a expressed regarding hormonal therapy, artificial 21 21 miscarriage already, okay, which is where she refers to insemination, and in vitro fertilization and the COVID 22 the emotionality of the circumstance, okay, somebody who 22 vaccine? 23 23 presents to the emergency room already, that's not Do you see any connection? 24 really seeking care to have a miscarriage; correct? 24 I would have to work with what she states, and 25 It's sort of complicated in the case of 25 she hasn't stated that clearly. I would not want to **FXI FR REPORTING EXLER REPORTING** 412-221-4007 412-221-4007 59 Rev. Casey Bien-Amie - by Mr. Daller 61 Rev. Casey Bien-Amie - by Mr. Daller make an assumption. miscarriages. There are some treatments that sometimes 1 2 2 need to happen to ensure that someone doesn't end up Okay. So did she not state that she could not 3 3 infected or further harmed. take hormones, artificial insemination, and in vitro 4 Correct. But in terms of if somebody is 4 fertilization? 5 5 having a miscarriage, okay, somebody doesn't come into Α. She did state that, yeah. 6 6 the emergency room and say, "I want to have a Okay. And did she not relate that to a 7 7 miscarriage"; correct? scriptural reason why she couldn't do it, about being 8 8 A. No. Most would not use that language. fearfully and wonderfully made and how God had ordained 9 9 Okay. So my point is is that there is a everything for her in her life if she was going to have 10 10 difference between the patients that are described in children versus if she was not? 11 having an abortion or wanting an abortion or those who 11 Is that not what she stated in the first 12 12 want Plan B as one group and the other group being those paragraph? 13 13 patients who are, unfortunately, suffering a Α. She did state her beliefs around conception. 14 miscarriage; correct? 14 Q. Okav. 15 15 You would say that they're different? Α. And birth. 16 Α. There's a lot of complexity in all of these 16 Okay. You believe that that belief is limited 17 17 cases. to conception issues? 18 18 That's where we have the most detail about the Q. Okay. I mean, there's certainly emotional 19 complexities, but I think just from a pure medical 19 connection between the practice and the religious 20 perspective, would you agree that those are probably two 20 background. 21 different patient categories? 21 Okay. And then when she's prompted for, 22 22 A. There are a lot of very emotional individuals "Explain how this affects my purpose in life and death," 23 who are torn about abortion or Plan B. There are many 23 essentially, right, she goes on to say that she has had 24 24 reasons why they have come to that place. a consistent approach about medical invasion; correct? 25 25 Okay. She does state that, yes. **EXLER REPORTING EXLER REPORTING** 412-221-4007 412-221-4007

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1	Q. "That seeks to alter how God created me";	1	Q. You can answer.
2	correct?	2	A. We don't really have that information here.
3	A. She does say that, yes.	3	So bringing the whole thing into one document, we have
4	Q. Okay. If God created her not to have	4	that she has objection to genetic material, as she says,
5	children, would in vitro fertilization, hormones, and	5	but we don't actually have a statement about why, what
6	artificial insemination go against God's design for her?	6	about genetic material she is opposed to, and we don't
7	MR. HENNESSY: Objection to form.	7	really get that until the pastor's statement, which is a
8	BY MR. DALLER:	8	fear of it altering her own DNA.
9	Q. You can answer.	9	Q. Well, now, if somebody said at the time that
10	A. That could be her interpretation of that.	10	the COVID vaccine alters DNA, would you have accepted
11	Q. Okay. So whose spiritual belief is at issue	11	that statement?
12	in a religious exemption?	12	A. That seems sort of out of context. It's hard
13	A. We're just looking at what the individual	13	to
14	tells us. All we have is to look at the document they	14	
	•		Q. Well, you're the one who brought it up. So, I
15	give us or that of their religious leader.	15 16	mean, that's why I'm asking.
16	Q. Okay. And she told you that; no?		A. I would have to take it in context, even in my
17	MR. HENNESSY: Objection to form.	17	own example.
18	BY MR. DALLER:	18	Q. In fact, that's actually one of the supposed
19	Q. You said that she told you that she can't take	19	falsehoods that were promulgated about the vaccine, that
20	hormones, AI, or IVF because of her interpretation of	20	it alters someone's DNA; correct?
21	Psalm 139 and how this is a conviction about medical	21	A. Yeah.
22	invasion.	22	Q. Yeah. So as you read the totality of
23	The totality of her document says that;	23	Ms. Gray's exemption request, is she saying that it
24	correct?	24	alters her DNA?
25	MR. HENNESSY: Objection to form.	25	A. She doesn't give us very much to work with
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	Rev. Casey Bien-Amie - by Mr. Daller 63		Rev. Casey Bien-Amie - by Mr. Daller 65
1		4	
1	THE WITNESS: Her statement in Question	1	here.
2	- $ -$ THE WITNESS: Her statement in Question one speaks to the connection between her religious	2	here. Q. Well, she also describes not taking, what I
3	THE WITNESS: Her statement in Question one speaks to the connection between her religious beliefs and her practices around conception.	3	here. Q. Well, she also describes not taking, what I think we agreed upon, was manipulative treatments to her
2 3 4	THE WITNESS: Her statement in Question one speaks to the connection between her religious beliefs and her practices around conception. BY MR. DALLER:	2 3 4	here. Q. Well, she also describes not taking, what I think we agreed upon, was manipulative treatments to her genetic system; right: hormones, AI, and artificial
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1	that exemption request?	1	Q. And you see how her beliefs, in terms of the
2	MR. HENNESSY: Object to form.	2	application to life and death, is that it alters how God
3	THE WITNESS: I would need more	3	made her; correct?
4	information for the situation. So	4	A. In? Which are we talking about right now?
5	BY MR. DALLER:	5	Q. Page 4, Question 7, first line.
6	Q. What information do you think you need?	6	A. We're talking about the vaccine?
7	A. So in this hypothetical, she would be a nurse	7	Q. Well, I mean, she wrote everything she
8	in an emergency department and would want the ability t	8 0	wrote about was prompted by why don't you want to take
9	reject anybody who is transgender from receiving	9	the vaccine.
10	lifesaving medical intervention?	10	So, you know, I'm trying to understand why she
11	Q. No. She would be saying, "I cannot	11	did why you didn't believe that she made the link
12	participate in the administration of these agents to an	12	from her beliefs to why she can't take the vaccine.
13	individual because it impacts my sincerely-held	13	That's what I'm trying to understand here.
14	religious beliefs."	14	A. There are many ways in which medicine
15	A. So in this case, it would be an inpatient who	15	manipulates the body, whether we're taking Tylenol or
16	is getting some other treatment? Because she's not	16	getting, you know, a Whipple.
17	working for a facility that engages in supporting	17	You know, like, there's many different ways in
18	transgender people because that would be an	18	which we are treated.
19	inappropriate job, I imagine.	19	Q. Mm-hmm.
20	Q. Mm-hmm.	20	A. We don't have the statement about what that
21	A. So a patient receiving medical care for	21	if it is a fear that these will change the DNA, that's
22	something else also needs their hormone injections	22	not true about the vaccine, as far as I know.
23	during her shift?	23	Q. Correct. Correct. And did she make that
24	Q. Okay.	24	statement?
25	A. Is that the situation that we're	25	A. She does not directly but then submits her
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1	Q. Let's look at that situation.	1	pastor's letter, which I believe is more direct in that
2	If she said, "I cannot administer that	2	statement.
3	injection," would that be a problem?	3	Q. Okay. Well, we'll get to that in a minute.
4	A. You know, I don't know. I'm not a lawyer, so	4	And then she talks about her "body is a temple
5	I don't know what the law is regarding that.	5	of the Holy Spirit"; correct?
6	I think it would also have to do with would	6	A. Yes.
7	this harm the patient, or is it something that is a	7	Q. And that she is to honor God by with her
8	reasonable switch.	8	body, caring for her body; correct?
9	Q . Okay.	9	A. Yes.
10	A. Or, you know, just that she received support	10	Q. Because her body is made I believe she said
11	from her colleagues to not care for patients who had	11	it earlier in the image of God; correct?
12	abortions.	12	MR. HENNESSY: I'm going to object to
13	Q. Okay. All right. Or the Plan B? You'd put	13	form.
14	it kind of on that level; correct?	14	THE WITNESS: I believe it says that.
15	A. I would need more information about it, but at	15	BY MR. DALLER:
16	first glance, that seems consistent.	16	Q. Okay. All right.
17	Q. All right. And continuing on, "consistent	17	MR. DALLER: Let's take a look at the
18	approach and genuine conviction about medical invasion,"	18	pastor's statement, which is the typewritten Page 5.
19	do you agree that hormonal therapy and artificial	19	THE VIDEOGRAPHER: (Indicating.)
20	insemination and in vitro fertilization are invasive to	20	BY MR. DALLER:
21	the body?	21	Q. If you want to take a minute to review this,
22	A. I guess it depends on the individual. Some	22	my first question is going to be do you acknowledge that
23	find it to be more invasive than others.	23	this is Pastor Fletcher's statement that would have
		24	accompanied her application?
24	Q. It is a manipulation, however; correct?		
	A. Much of medicine is some form of manipulation.	25	A. Yes. I had it in a handwritten form, but,
24			

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		1	
1	yes.	1	Q. Okay. What was anatomy?
2	Q. Oh. Okay. At least you can see it in the	2	A. The parts of the body.
3	form which is, I think, a lot more easy to read.	3	Q. Okay. And then what's physiology?
4	A. I appreciate that.	4	A. How they chemically work together.
5	Q. Okay. And now earlier you had referenced	5	Q. Okay. So he says that, you know, "she
6	this, that it seemed to clarify some thought for you or	6	believes that the function"; correct?
7	belief for your understanding for you.	7	A. She states that he states that, yes.
8	Can you describe what you're referring to?	8	Q. Okay. And would you agree with her statement,
9	A. It's near the end of the first paragraph.	9	"to determine whether it was structural or
		10	hormonal"?
10			Is hormonal functional?
11	A. "Confident that God has determined the precise		
12	physiological makeup of each individual. She believes	12	A. Would you restate that question?
13	that the functions of the present COVID-19 vaccines	13	Q. Sure. So hormones have a structure to them,
14	would alter the genetic makeup of her body."	14	correct, a chemical structure?
15	Q . Okay. So the pastor wrote that; correct?	15	A. True, yes.
16	A. Yes.	16	Q . All right. All right. But Mrs. Gray
17	Q . Okay. And are parts of what the pastor wrote	17	distinguishes between structure and hormonal issue,
18	contained within Ms. Gray's statement, or is the	18	correct, in her narrative?
19	entirety of what he wrote contained within her	19	A. Yes.
20	statement?	20	Q. Okay. And she also talks about "medical
21	A. Well, what do you mean by that question?	21	invasion that seeks to alter" how God made her;
22	Q. Okay. Well, "Confident that God has	22	correct?
23	determined precise physiological makeup of each	23	A. I would have to double-check that, too, but
24	individual person," is that something that we can fairly	24	you're reading it.
25	interpret to be present in Ms. Gray's narratives?	25	Q. Okay. All right. So in that perspective, an
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1	, , , , , , , , , , , , , , , , , , ,	1	·
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	, , , , , , , , , , , , , , , , , , ,		invasion or an entry into the body of something from outside, okay, do you believe that alteration is a
2	MR. HENNESSY: Objection to form. THE WITNESS: It is a similar language. BY MR. DALLER:	2	invasion or an entry into the body of something from outside, okay, do you believe that alteration is a functional alteration that she's referring to, or you
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1	differentiates between structure issues, which, you	1	BY MR. DALLER:
2	know, they looked at, and functional issues; right?	2	Q. So going back to the pastor's statement, that
3	MR. HENNESSY: Objection.	3	that sentence we were looking at, "would alter the
4	THE WITNESS: I think they said structural	4	specific genetic makeup of her body," did she say that
5	and hormonal.	5	in her narrative?
6	BY MR. DALLER:	6	A. She used the word "alter."
7	Q. Right. And we, I think, agree that these	7	Q. Alter what?
8	hormones were manipulating the body?	8	A. I would have to look back at the I think it
9	So a hormone manipulates function; correct?	9	was in Question 7.
10	MR. HENNESSY: Objection.	10	Q. In Question Okay. Yeah, you're right.
11	BY MR. DALLER:	11	It's Page 4, Question 7, and it states, "I have held a
12	Q. What does a hormone do to a person who wants	12	consistent approach and genuine conviction about medical
13	to change their gender?	13	invasion that seeks to alter how God made me."
14	Does it manipulate this body?	14	Do you see that?
15	A. Well, even if you don't want to change your	15	A. Wait. It's not up here, but I recall that.
16	gender, your hormones are functioning in your body.	16	Q. Okay. All right. So your interpretation of
17	Q. Correct. So if you have more or less of one,	17	that statement is that she meant how that it would
18	that's gonna manipulate your body; correct?	18	change her specific genetic makeup; correct?
19	A. I don't know if I consider my estrogen	19	A. We don't have any other information about what
20	manipulating me.	20	the alteration would be. She accepts other vaccines.
21	Q. Okay. It can change you; correct?	21	Q. Uh-huh.
22	A. In some ways, yes.	22	A. Which
23	Q. Okay. But it doesn't change your structure,	23	Q . Which is okay, we agree; correct?
24	really, does it?	24	A. Which also transforms how the body functions
25	A. Well, it does. Like that's the whole thing of	25	and helps build an immune response.
	EXLER REPORTING		EXLER REPORTING
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1	puberty.	1	And so if her objection to the COVID-19
2	Q. Okay. And in terms of as you undergo puberty,	2	vaccine is not about building an immune response, the
3	okay, there is a sequence of events that occur; correct?	3	only information we have is that she is concerned that
4	A. Yes.	4	it will change the genetic makeup of her body.
5	Q . Okay. And those events that were going to	5	Q . Okay. The flu vaccines, are you familiar with
6	occur at puberty were determined at birth; correct?	6	what they inject into the body?
7	MR. HENNESSY: Objection.	7	A. Specifically? No.
8	THE WITNESS: Yeah. I don't	8	Q. Okay. Would you agree if I told you that it
9	MR. HENNESSY: You know, John, as much as	9	was a protein?
10	you want to talk about how puberty you know, I just	10	MR. HENNESSY: I think she answered the
11	want to remind you what I said at the beginning. We're	11	question.
12	looking at a 4:00 stop.	12 13	THE WITNESS: Everything would be this
13 14	Are you on track for that?	14	is old things that I remember.
15	MR. DALLER: Yeah. I think so. I mean, I think that, you know, this is very important because the	15	BY MR. DALLER: Q. Okay. So it's fair to say then that you do
16	crux of Mrs. Gray's exemption request is the	16	not know, as you sit here today, the difference between
17	interpretation of how her life experiences, going back	17	the flu vaccine and the COVID vaccine in terms of the
18	20-plus years, okay, influenced her decision, and that	18	responses that they produce; correct?
19	that's the importance of it.	19	A. I have read up on it before, but at this
20	MR. HENNESSY: I'm glad you think so	20	moment I would not be able to articulate it fully to
21	because I don't think so. I think	21	you.
22	MR. DALLER: All right. Well	22	Q. Okay. Do you plan on reading up on it some
23	MR. HENNESSY: You put what you think; I	23	more and articulating it at trial, then, to explain your
24	put what I think. She hasn't said any of that.	24	understanding?
25	MR. DALLER: All right.	25	A. I don't think that's my place.
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1	Q. Okay. All right. So it seems that based	1	doesn't need to be summarized but
2	upon and was Pastor Fletcher's statement even needed?	2	MR. DALLER: I'm asking her, too, because
3	A. What's needed is what is submitted by the	3	we've covered a lot of different ground and, I mean, it
4	individual. It's completely individual-based, whatever	4	seems to be boiling down to this specific issue.
5	they think is important to include.	5	THE WITNESS: I wouldn't make it just one
6	If they include it, then we see it as	6	line. I think it's the whole application taken as a
7	important because they included it.	7	whole and the lack of connection that we have from her
8	Q. Okay. Then what about the next paragraph that	8	religious belief to her practice of abstaining from this
9	he writes that, "Dawn's position on the, quote,	9	particular vaccine.
10	'vaccine' I notice he uses quotes for vaccine "is	10	BY MR. DALLER:
11	completely consistent with decisions she made decades	11	Q. Okay. Why don't we just go off the record for
12	ago."	12	a couple of minutes. We'll be back in, say, three
13	Okay?	13	minutes. Let me just check my notes, and then I think
14	A. Mm-hmm.	14	we can wrap up. Okay?
15	Q. Does that contradict your interpretation of	15	A. Okay.
16	what she said regarding specific genetic makeup, as you	16	MR. HENNESSY: Okay.
17	interpreted her statement?	17	THE VIDEOGRAPHER: Going off the record at
18	A. He just doesn't give us enough information	18	3:50 p.m.
19	about what he's referring to here.	19	(Whereupon, a short recess was taken.)
20	Q. Okay.	20	THE VIDEOGRAPHER: Back on the record at
21	A. I'm sure there's more stories. They have a	21	3:55 p.m.
22	long relationship of pastor and congregant.	22	BY MR. DALLER:
23	Q. Okay. And he's satisfied, and you said he had	23	Q. So, Reverend, is it your testimony that there
24	a long relationship with her; correct?	24	was not sufficient objective information that was
25	A. If her statement is correct about how long	25	provided by Ms. Gray, in your opinion, in this case?
	EXLER REPORTING		EXLER REPORTING
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	Rev. Casey Bien-Amie - by Mr. Daller 79		Rev. Casey Bien-Amie - by Mr. Daller 81
	Rev. Casey Bien-Amie - by Mr. Daller 79		Rev. Casey Bien-Amie - by Mr. Daller 81
1	Rev. Casey Bien-Amie - by Mr. Daller 79 she's been a member of that church. I don't know how	1	Rev. Casey Bien-Amie - by Mr. Daller 81 A. I probably wouldn't phrase it that way.
1 2	she's been a member of that church. I don't know how long he's been pastor.	2	A. I probably wouldn't phrase it that way. Q. Okay. How would you phrase it?
_	she's been a member of that church. I don't know how		 A. I probably wouldn't phrase it that way. Q. Okay. How would you phrase it? A. We did not have a clear link between the
2 3 4	she's been a member of that church. I don't know how long he's been pastor. Q. Okay. And you had no reason to doubt that; correct?	2	A. I probably wouldn't phrase it that way. Q. Okay. How would you phrase it? A. We did not have a clear link between the religious beliefs and the practice of a need to abstain
2	she's been a member of that church. I don't know how long he's been pastor. Q. Okay. And you had no reason to doubt that; correct? A. To doubt their pastor-congregant relationship?	2 3 4 5	A. I probably wouldn't phrase it that way. Q. Okay. How would you phrase it? A. We did not have a clear link between the religious beliefs and the practice of a need to abstain from the COVID-19.
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1	MR. HENNESSY: Objection.	1	religious lens than hers, would you believe that they
2	BY MR. DALLER:	2	could come to a different conclusion?
3	Q. You can answer.	3	A. I'm sorry. If they had a different religious
4	A. We utilized the understanding of a consistent,	4	tradition than she has?
5	comprehensive long-held belief.	5	Q. Mm-hmm, correct.
6	Q. Okay. And did anybody speak to Mrs. Gray	6	A. They would have a different interpretation
7	about what she meant?	7	Q. Mm-hmm.
8	A. No. Not to my knowledge.	8	A than we have?
9	Q . Not to your knowledge, okay.	9	Q. Well, a different interpretation of what she
10	So you, yourself, did not do a factual inquiry	10	wrote and what your committee and group came up with?
11	into what she meant; correct?	11	A. It's possible.
12	A. A verbal or additional	12	Q. Mm-hmm, okay. And would that be particularly
13	Q. Either a verbal or a written followup to her;	13	true if an individual had experiences with COVID that
14	correct?	14	might have impacted them?
15	A. We only looked at what we received from her	15	A. In what way?
16	application.	16	Q. Suppose they saw a lot of people dying from
17	Q . Okay. And, to your knowledge, nobody else	17	COVID.
18	requested clarification that was a member of your team;	18	A. Wasn't that most people?
19	correct?	19	Q. I'm sorry?
20	A. No. I do not believe so.	20	A. Wasn't that most people, like, for our area?
21	Q. Okay. So, really, a decision came down to	21	Q. So people who saw a lot of people dying from
22	what you and the other members of the team thought she	22	COVID would have sort of a predisposition, if you will,
23	meant with what she wrote to you; correct?	23	to evaluate a COVID exemption request in a different
24 25	A. What she articulated.	24 25	way; correct?
25	Q. Okay. And your interpretation of that EXLER REPORTING	25	MR. HENNESSY: Objection. EXLER REPORTING
	412-221-4007		412-221-4007
		+	
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1	articulation; correct?	1	BY MR. DALLER:
2	articulation; correct? MR. HENNESSY: Objection.	2	BY MR. DALLER: Q. You can answer.
3	articulation; correct? MR. HENNESSY: Objection. BY MR. DALLER:		BY MR. DALLER: Q. You can answer. A. I think people's the impact of the pandemic
2 3 4	articulation; correct? MR. HENNESSY: Objection. BY MR. DALLER: Q. And you can answer.	2 3 4	BY MR. DALLER: Q. You can answer. A. I think people's the impact of the pandemic has had varying impacts on people. So I don't know if
2 3 4 5	articulation; correct? MR. HENNESSY: Objection. BY MR. DALLER: Q. And you can answer. MR. HENNESSY: I think she did, for the	2 3 4 5	BY MR. DALLER: Q. You can answer. A. I think people's the impact of the pandemic has had varying impacts on people. So I don't know if there's a direct correlation.
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COMMONWEALTH OF PENNSYLVANIA COUNTY OF WESTMORELAND 2 3 I, Pamela J. Rose, a notary public in and for the Commonwealth of Pennsylvania, do hereby certify that the witness, REV. CASEY BIEN-AMIE, was by me first duly sworn to testify the truth, the whole truth, and nothing but the truth; that the foregoing videotaped Zoom deposition was taken at the time stated herein; and 5 that the said videotaped Zoom deposition was recorded stenographically by me and then reduced to typewriting under my direction, and constitutes a true record of the testimony given by said witness, all to the best of my skill and ability. 8 9 I further certify that the inspection, reading and signing of said videotaped Zoom deposition 10 were waived by counsel for the respective parties. 11 $\ I$ further certify that I am not a relative, or employee of either counsel, and that I am in no way interested, directly or indirectly, in this 12 13 IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office this 13th day of September, 2023. 15 16 Pamela J. Rose, PR, Notary Public 17 18 19 COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Pamela J. Rose, Notary Public 20 Westmoreland County
My commission expires September 25, 2024
Commission Number 114070 21 24 25 EXLER REPORTING

412-221-4007

EXHIBIT G

1 1 IN THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA 2 3 DAWN GRAY, Civil Action 4 No. Plaintiff, 2:23-cv-00263-KNS 5 VS. 6 MAIN LINE HOSPITALS, INC., 7 Defendant. 8 9 10 11 VIDEOTAPED ZOOM DEPOSITION OF JENNIFER BURKE, D.O. 12 13 Friday, August 18, 2023 14 15 16 17 18 19 20 21 22 23 ELECTRONIC DISTRIBUTION, FORWARDING OR REPRODUCTION OF THIS TRANSCRIPT IS PROHIBITED WITHOUT AUTHORIZATION 24 FROM THE CERTIFYING AGENCY 25 EXLER REPORTING 412-221-4007

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1	VIDEOTAPED ZOOM DEPOSITION OF JENNIFER BURKE, D.O.,	1	<u>1 1</u>	N D E X
2	a witness herein, called by the Plaintiff for			
3	examination, taken pursuant to the Federal Rules of	2		
4	Civil Procedure, by and before Margaret J. Exler, a			
5	Registered Professional Reporter and Notary Public in	3	WITNESS: J	ENNIFER BURKE, D.O.
6	and for the Commonwealth of Pennsylvania, held remotely	4		
7	with all participants appearing via Zoom, on Friday,	5	EXAMINATION:	<u>PAGE</u>
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		10	EXHIBITS:	<u>PAGE</u>
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13		12	NO. 1 - FREQUENTLY AS	KED QUESTIONS 25
14		13	(MULEDELIDON, EXHIDIT NO	1 WAS RETAINED BY SOUNGEL)
15		14	(WHEREUPON, EXHIBIT NO	. 1 WAS RETAINED BY COUNSEL.)
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1 2	APPEARANCES: For the Plaintiff:			
1 2	For the Plaintiff:	1	– – P R O C	 EEDINGS
	For the Plaintiff: JOHN A. DALLER, ESQUIRE	2		 E E D I N G S
2	For the Plaintiff: JOHN A. DALLER, ESQUIRE Daller Law Firm P.O. Box 162	2 3	THE VIDEOG	E E D I N G S GRAPHER: All right. Good
3 4	For the Plaintiff: JOHN A. DALLER, ESQUIRE Daller Law Firm P.O. Box 162 510 Pittsburgh Street	2	THE VIDEOG morning. My name is Karer	E E D I N G S GRAPHER: All right. Good Begley, and I am a legal
3	For the Plaintiff: JOHN A. DALLER, ESQUIRE Daller Law Firm P.O. Box 162 510 Pittsburgh Street Mars, PA 16046	2 3	THE VIDEOG morning. My name is Karer videographer for Litigation	E E D I N G S — — — GRAPHER: All right. Good n Begley, and I am a legal Advantage.
3 4	For the Plaintiff: JOHN A. DALLER, ESQUIRE Daller Law Firm P.O. Box 162 510 Pittsburgh Street	2 3 4	THE VIDEOG morning. My name is Karer videographer for Litigation A Today's date is Au	E E D I N G S GRAPHER: All right. Good n Begley, and I am a legal Advantage. ugust 18th, 2023, and the
2 3 4 5 6	For the Plaintiff: JOHN A. DALLER, ESQUIRE Daller Law Firm P.O. Box 162 510 Pittsburgh Street Mars, PA 16046 724-201-2050 johndaller@daller-law.com	2 3 4 5	THE VIDEOG morning. My name is Karer videographer for Litigation	E E D I N G S GRAPHER: All right. Good n Begley, and I am a legal Advantage. ugust 18th, 2023, and the
3 4 5	For the Plaintiff: JOHN A. DALLER, ESQUIRE Daller Law Firm P.O. Box 162 510 Pittsburgh Street Mars, PA 16046 724-201-2050	2 3 4 5 6	THE VIDEOG morning. My name is Karer videographer for Litigation of Today's date is Au time is approximately 8:32	E E D I N G S GRAPHER: All right. Good n Begley, and I am a legal Advantage. ugust 18th, 2023, and the
2 3 4 5 6	For the Plaintiff: JOHN A. DALLER, ESQUIRE Daller Law Firm P.O. Box 162 510 Pittsburgh Street Mars, PA 16046 724-201-2050 johndaller@daller-law.com For the Defendant: BRENDAN HENNESSY, ESQUIRE	2 3 4 5 6 7	THE VIDEOG morning. My name is Karer videographer for Litigation of Today's date is Au time is approximately 8:32 We are taking the	E E D I N G S GRAPHER: All right. Good Begley, and I am a legal Advantage. ugust 18th, 2023, and the a.m.
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Jennifer Burke, D.O. - by Mr. Daller

JENNIFER BURKE, D.O.,

2 a witness herein, having been first duly sworn, was

examined and testified as follows: 3

4 **EXAMINATION**

BY MR. DALLER:

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Q. All right. Good morning, Dr. Burke. How are you today?

I'm fine. How are you? Α.

Q. Very well. Thank you. Just a couple of housekeeping things: I'm going to be asking you some, you know, questions today to see what your understanding of some of the issues are, you know, in this case and how you might testify at trial.

Because of the technology, a couple of things can happen: Number one is we can talk over each other because we're not in the same room. There's a time lag. I think you've stopped talking. You think I've stopped talking. If that happens, please feel free to just tell me, you know, "I wasn't finished" or something along those lines.

21 Agree?

22 Agree. Α.

23 Q. Okay. The second is that Megan is recording 24 everything and transcribing it, so it's important that we use words and not nods and, you know, sounds. Okay?

EXLER REPORTING 412-221-4007

Jennifer Burke, D.O. - by Mr. Daller

1 Which we all do in normal conversation. 2 Agree?

Understood. A.

Q. Okay. And if I ask a question and you do not understand the question, please ask me to clarify it because, otherwise, I will assume that you're answering it the way I intended it to be asked.

Okay?

Okay. Α.

Q. All right. And if you, certainly, need a 10 11 question clarified, please feel free to ask me to do so.

A. I will.

Q. All right. Now, are you taking any type of prescription or nonprescription medications today that could impair your ability to understand my questions and answer completely and truthfully?

A. I'm not.

18 Q. Okay. And when did you have an alcoholic 19 drink last?

Beginning of May.

21 Okay. If you need a break, let me know. I 22 would just ask that, you know, you finish answering the 23 question that's pending beforehand.

24 I don't anticipate us being here, you know, for more than about an hour, hour half and a half, 25

> **EXLER REPORTING** 412-221-4007

Jennifer Burke, D.O. - by Mr. Daller

8

9

though. Okay?

2 Okay. Α. 3

All right. Have you ever been deposed before?

4 I have. Α.

5 Q. You have. Have any of those cases been in regards to determination of a religious exemption 6

7 request?

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Yes. Α.

Q. Okay. Can you tell me the names of the case?

My God. They just went out of my head.

11 Rachel, and the first one was -- shoot.

THE WITNESS: I told you yesterday,

13 Brendan.

14 MR. HENNESSY: You can only testify to 15 what you can remember.

THE WITNESS: Sorry.

17 Rachel, and the other one I don't remember her

18 name right now. BY MR. DALLER:

Q. Okay. Did they deal with COVID?

21 Yes.

> Okay. And your involvement was also as a Q.

23 member of the Religious Exemption --

> Α. Yes.

-- Committee? Okay. All right. Q.

> **EXLER REPORTING** 412-221-4007

Jennifer Burke, D.O. - by Mr. Daller

And where do you work? 1

2 A. I work at Riddle Hospital.

3 Okay. Q.

> Α. In Maryland.

5 Q. Okay. And what do you do there?

6 I'm a palliative physician. Α.

> Q. Okay. And how long have you been there?

8 I've been at Riddle since 2015 full-time.

9 Okay. And what did you do prior to that?

10 I was a hospital- -- I was an ICU hospitalist

11 at Paoli until 2009 until I became a full-time

12 palliative doctor at Riddle.

13 Q. Okay. And did you know Mrs. Gray prior to her submission of a religious exemption request? 14

15 A. I do not believe so.

16 Okay. And have you done any specific training in determining whether or not a religious exemption 18 request should be granted or shouldn't it?

You know, in other words, the criteria that one might use?

Not specific training.

22 Okay. What nonspecific training might have Q. 23

you done? 24

I have a master's in bioethics. Α.

25 Okay. Q.

> **EXLER REPORTING** 412-221-4007

Case 2:23-cv-00263-KNS Document 21/18 D. Filed 10/02/23 Page 204 of 265 12 Jennifer Burke, D.O. - by Mr. Daller Jennifer Burke, D.O. - by Mr. Daller Or a master's -- I have a master's certificate 1 1 Q. It is, okay. And are you familiar with the 2 in bioethics. 2 tenets of nondenominational Christianity? 3 3 Okay. All right. And -- now, did you have No more familiar than I am with any other 4 any role at all in the development or creation of Main 4 religion I do not practice. 5 Line Health's COVID-19 vaccine policy? 5 Q. Okay. And you would agree, then, that a 6 religion can have beliefs unto itself, correct? Α. No. 6 7 7 Q. No, okay. So your role in it was solely to Specifically, sure. 8 the extent of participating on the Exemption Request 8 Okay. And you would believe that those 9 Committee; is that correct? 9 beliefs are no more or less valid just because somebody 10 Α. Correct. 10 else has a different belief, correct? 11 Okay. And did you personally care for 11 MR. HENNESSY: I'm going to object to the Q. 12 12 form. I'm not sure I understand it, but the witness can patients with COVID? 13 Α. I did. 13 answer. 14 Okay. Can you tell me about that experience? 14 THE WITNESS: Could you -- could you 15 It was a long time and we saw a lot of 15 repeat -- could you clarify the question? 16 patients that were very sick and a lot of them died. 16 BY MR. DALLER: 17 Okay. Did that influence your beliefs about 17 Q. Sure. The fact that you may have different 18 whether somebody should or should not take the vaccine? 18 beliefs than somebody else's beliefs in their religion, 19 Not at all. 19 that does not invalidate their beliefs, does it? 20 20 **Q**. It did not, okay. It does not. 21 21 So do you have any medical opinion as to Q. Okay. And are you familiar with the concept 22 whether they should or should not take the vaccine? 22 of salvation? 23 I believe that vaccinating yourself will 23 Α. I am. 24 protect yourself, your family and patients. 24 Q. Can you describe to me what your concept of 25 And did you -- when you considered people's salvation is? **EXLER REPORTING EXLER REPORTING** 412-221-4007 412-221-4007 11 13 Jennifer Burke, D.O. - by Mr. Daller Jennifer Burke, D.O. - by Mr. Daller 1 religious exemption requests, can you tell me what My concept is that Jesus died for me and I am 1 Α. 2 process you went through yourself, what things you 2 saved. 3 3 thought of in terms of whether or not a religious Okay. And you broke off at the end. Q. 4 exemption request should be granted? 4 Did you say and because of that you are saved? 5 We looked at exactly what the patient -- what 5 I said "and I am saved," yes. 6 the person said and we looked at what we believe to be 6 Okay. And when does that salvation occur? Q. 7 7 the rules which were, you know, it had to be a When I die. Α. 8 long-standing, deeply-held religious belief. 8 I mean, certainly that's the fruits of the Q. 9 Q. Okay. So you looked at what they said? 9 salvation. 10 A. Correct. 10 In terms of when -- when are you entitled or And did you -- let's think just for a moment 11 11 Q. when have you earned that salvation? 12 specifically about Ms. Gray's in terms of your 12 When I accept Jesus as my Savior. Α. 13 13 recollection of it. Okay? Q. Okay. So at that moment you are saved, 14 We will go through her actual exemption 14 correct? request later, but right now I'm trying to understand 15 I am, yes. 15 Α. 16 what is that you believe you recall, that type of thing. 16 Okay. And that's not -- there's no waiting 17 Understood? 17 period, correct? 18 From the meeting or --18 Α. Α. 19 19 Q. Just kind of in general about her request. Q. Okay. All right. And did you rely on any 20 So did you under- -- do you believe you 20 non-Main Line consultants for your evaluation of 21 understood everything that she had wrote? 21 religious exemption requests? 22 22 A. I would have to look at it again. In the committee? Α. 23 Okay. All right. And is long-standing a 23 Q. You personally. 24 requirement for a belief? 24 A. No.

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Did the committee?

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Absolutely.

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	Jennifer Burke, D.O by Mr. Daller		Jennifer Burke, D.O by Mr. Daller	
١.				
1	A. No. I don't believe so.	1	Dr. Birx said?	
2	Q. And you would when you considered a	2	A. I don't know who that is.	
3	religious exemption request, did you evaluate any medical statements that were made within that request?	3	Q. Okay. Did you consider anything that Dr. Scott Atlas said?	
5	A. We did, yes.	5	A. I don't specifically know who that person is.	
6	Q. Okay. And when Mrs. Gray's request was	6	Q. Did you consider anything that Dr. Peter	
7	evaluated, were you the only medical person that was	7	McCullough said?	
8	present, to your recollection?	8	A. Again, I don't specifically know who that is.	
9	A. I don't recall.	9	Q. Okay. If those are all individuals, that I	
10	Q. Okay. Did you opine as to the medical aspects	10	mentioned, that were significant thought leaders in	
11	of what she was saying?	11	COVID, do you think that that is material that you	
12	A. I don't recall.	12	should have been familiar with if you were going to	
13	Q . You don't recall, okay. And would you agree	13	opine on whether somebody had a sincerely-held religious	
14	that different medical experts can have different	14	belief based upon what they said medically?	
15	opinions?	15	MR. HENNESSY: Objection.	
16	MR. HENNESSY: She can answer. I'll	16	THE WITNESS: The only name that I	
17	object to form, but go ahead.	17	recognize was Dr. Fauci because he was the head of the	
18	THE WITNESS: People have a lot of	18	CDC. I don't remember any specific doctors and what	
19 20	opinions. BY MR. DALLER:	19 20	they said. BY MR. DALLER:	
21	Q. Okay. Would you agree that two physicians,	21	Q. Okay. And you were a member of the committee	
22	licensed, board-certified, trained, many years of	22	that reviewed Mrs. Gray's request, correct?	
23	experience, can look at a clinical scenario and have a	23	A. I believe that they looked at the transcripts	
24	different opinion as to what they're viewing?	24	and said I was or looked at the meeting dates and said I	
25	A. They can, but it doesn't always I mean, I'd	25	was. I don't remember specifically.	
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	15 Jennifer Burke, D.O by Mr. Daller		Jennifer Burke, D.O by Mr. Daller	
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	18 Jennifer Burke, D.O by Mr. Daller		20 Jennifer Burke, D.O by Mr. Daller
1	A. They did not.	1	thought she made a connection, correct?
2	Q. And I think you testified earlier that your	2	MR. HENNESSY: Object to form.
3	medical opinions did not influence your decision,	3	BY MR. DALLER:
4	correct?	4	Q. You can answer.
5	A. Correct.	5	A. We looked at what the religious belief was
6	Q. So you based your decision on Mrs. Gray's	6	stated and if it was a truly if it was a religious
7	religious exemption request solely based upon your	7	belief.
8	knowledge	8	Q. Okay. Were there any specific criteria other
9	MR. HENNESSY: Object to form.	9	than you know, you mentioned the long-standing, the
10	MR. DALLER: Let me finish and re-ask.	10	connection and that it was a sincere belief.
11	MR. HENNESSY: Go ahead.	11	Were there any written criteria that the
12	BY MR. DALLER:	12	committee utilized in order to determine whether or not
13	Q. You based your decision on Mrs. Gray's	13	to accept or deny a religious exemption request?
14	religious exemption request solely upon your knowledge	14	A. No.
15	of whether that request demonstrated a sincerely-held	15	Q. No. No document was ever circulated?
16	religious belief, correct?	16	A. Correct.
17	MR. HENNESSY: Same objection.	17	Q. And you had no role in creating any document,
18	BY MR. DALLER:	18	correct?
19	Q. You can answer.	19	A. Correct.
20	A. We based it on what she wrote.	20	Q. Did anyone from outside of the committee give
21	Q. Okay. So if she wrote that she held a	21	you any input into Mrs. Gray's application?
22	sincerely-held religious belief then, then did you	22	A. No.
23	accept that she had a sincerely-held religious belief?	23	Q. Were religious exemption requests granted
24	A. We accepted that we accepted that people	24	equitably across the organization?
25	had sincerely-held religious beliefs. We we looked	25	A. I don't understand the question.
	EXLER REPORTING		EXLER REPORTING
	412-221-4007		412-221-4007
	19		21
	Jennifer Burke, D.O by Mr. Daller		Jennifer Burke, D.O by Mr. Daller
1	at what they said and how it related specifically to the	1	Q. Well, do you understand the term "equitable"?
2	vaccine.	2	A. I do, but what are you saying is equitable?
3	Q. Okay. So you based it upon your knowledge of	3	Q . That's what I'm asking you.
4	how her belief would relate to the vaccine, correct?	4	Do you say do you believe, as a
5	A. We based it on what she wrote as to what her	5	bioethicist, that the application of the criteria,
6	beliefs were related to the vaccine.	6	whatever the committees used, was equitable across the
7	Q. Okay. And that becomes your opinion then,	7	organization?
8	correct?	8	A. Yes.
9	A. It became the opinion the committee, yeah.	9	Q. Okay. So anybody who submitted a religious
10	Q. Okay. And were there any objective criteria	10	exemption request and expressed a sincerely-held
11	that the committee used to make that determination?	11	religious belief was granted their religious exemption
12	A. Again, it should have been sincerely held, it	12	request; is that correct?
13	should have been long-standing, and it should have	13	MR. HENNESSY: Object to form.
14	specifically showed how the belief related to the	14	Go ahead.
15	religious belief or the vaccine the vaccine thought	15	THE WITNESS: If the religious exemption
16	related to the religious belief.	16	was was deeply held, sincerely believed, and it was
17	Q. Okay. And that relationship of how it relates	17	demonstrated to be a religious exemption, then it was
18	is the individual's belief, correct?	18	then it was granted.
19	MR. HENNESSY: Objection.	19	BY MR. DALLER:
20	BY MR. DALLER:	20	Q. And other than the things that you just
21	Q. Go ahead.	21	stated, do you have any recollection of anything else
22	A. As demonstrated by what they wrote, yes.	22	that you considered when you reviewed Mrs. Gray's
23	Q. Okay. So you would agree, then, that the	23	exemption request before we go ahead and look at the
24	assessment of what they wrote was based upon the	24	exemption request?
25	committee member's beliefs then of whether or not they	25	A. I do not.
	EXLER REPORTING		EXLER REPORTING
	412-221-4007		412-221-4007
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	22		24
	Jennifer Burke, D.O by Mr. Daller		Jennifer Burke, D.O by Mr. Daller
	, - , ,		, - ,
1	Q. Okay. So you don't recall right now if you	1	all?
	doubted the sincerity of her belief, correct?	2	
2		3	<u>-</u> , , , , , , , , , , , , , , , , , , ,
3	A. I do not.		I've never seen it before.
4	Q. Okay. And there's no record of anything that	4	Q. You've never seen it before, okay.
5	you might have stated during this committee meeting,	5	MR. DALLER: Can we look and just for
6	correct?	6	the record, this is a list of Frequently Asked Questions
7	A. Correct.	7	that was updated on August 11, 2021, and it was put out
8	Q. With Main Line Health looking at whether or	8	by Main Line Health and sent to employees. Okay?
9	not a person's sincerely-held religious beliefs stated	9	BY MR. DALLER:
10	why they can't take the vaccine, did Main Line Health	10	Q. Do you you've never seen this document
11	see themselves as an interpreter of scripture?	11	before, correct?
12	MR. HENNESSY: Objection to form.	12	A. I was sent it, and I opened it this morning,
13	THE WITNESS: I can't speak for Main Line	13	but before that I had never seen it.
14	Health. I can only speak for myself.	14	Q . Okay.
15	BY MR. DALLER:	15	MR. DALLER: Can we look at Number 5,
16	Q. Okay. Did you see yourself as a scriptural	16	please, on Page 2?
17		17	THE VIDEOGRAPHER: I'm sorry, but
18	interpreter? A. I looked at how the religious belief was	18	• •
19	related to the exemption.	19	something is not working here.
			MR. DALLER: On the next page, Question 5.
20	Q. Did you have any questions about Mrs. Gray's	20	THE VIDEOGRAPHER: I can't get this to
21	exemption request?	21	work.
22	A. I do not recall.	22	(Brief pause.)
23	Q. Okay. All right. Well, let's take first,	23	THE VIDEOGRAPHER: Can we go off the
24	do you believe that her exemption request exhibited bad	24	record for a second?
25	science?	25	MR. DALLER: Sure.
	EXLER REPORTING		EXLER REPORTING
	412-221-4007		412-221-4007
	23		25
	Jennifer Burke, D.O by Mr. Daller		Jennifer Burke, D.O by Mr. Daller
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	Case 2:23-cv-00263-KNS Document	SURKE	<u>3 p. F</u> iled 10/02/23 Page 208 of 265
	26		28
	Jennifer Burke, D.O by Mr. Daller		Jennifer Burke, D.O by Mr. Daller
1	of that Frequently Asked document or Frequently Asked	1	form, and just clarify on the record that Dr. Burke is
		_	
2	Questions document, specifically Number 5, could you	2	not being offered as an expert in relation to vaccines
3	read that, please?	3	or mRNA vaccines.
4	A. "5: How do we know it's safe? MRNA vaccines	4	MR. DALLER: To the extent that her
5	have been around for a very long time. Side effects are	5	medical knowledge influenced her interpretation of
6	minor and will resolve more than 90 percent within the	6	things that were stated in a religious exemption
7	first week of vaccine. We have not seen any long-term	7	request, if she doesn't have a medical opinion, then
8	side effects from vaccine administration."	8	she's not qualified to opine to that.
9	Q. Okay. Thank you. Do you believe that	9	BY MR. DALLER:
10	question and its accompanying answer, that the answer is	10	Q. But you can answer the question if you
11	accurate?	11	understood it, Dr. Burke.
12	A. I do.	12	A. I believe there are medications that are used
13	Q. How long have messenger RNA vaccines been	13	for off-label use. There are medications that have
14	around?	14	that would not be that are used today that would not
15	A. I don't know exactly how long.	15	have gotten FDA approval if they came on today, so
16	Q. Okay. Do you have any idea how long?	16	there's a lot of things that have changed and a lot of
17	A. Not specifically. No.	17	things that have worked.
18	Q. Do you believe it's more or less than two	18	So they think that the vaccines that were used
19	years?	19	had emergency-use authorization from the FDA.
20	A. I do.	20	Q. Okay. But let's go back to Question 5. When
21	Q. You do what?	21	did the emergency-use authorization come about?
22	A. I believe it's more.	22	A. Specifically, I don't I don't know.
23	Q. You believe it's more than two years.	23	Q. Just roughly?
24	Do you believe it's more than three years?	24	A. 2020.
25	A. Yes.	25	Q. Okay. And they were used then in 2021,
23	EXLER REPORTING	23	EXLER REPORTING
-	412-221-4007		412-221-4007
	27		29
	Jennifer Burke, D.O by Mr. Daller		Jennifer Burke, D.O by Mr. Daller
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1 2		1 2	
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2	Q. Okay. Do you believe it's a more than five years?	2	correct? A. Yes.
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	30		32
	Jennifer Burke, D.O by Mr. Daller		Jennifer Burke, D.O by Mr. Daller
	, , ,		, , ,
1	THE VIDEOGRAPHER: (Indicating.)	1	typewritten form. I have no objection to that.
2	BY MR. DALLER:	2	MR. DALLER: Okay. All right.
3	Q. So looking at this, do you recognize this	3	BY MR. DALLER:
4		4	
	document, Dr. Burke?		Q. So, Dr. Burke, Attorney Hennessy is
5	A. I do.	5	stipulating that, you know, A, I can ask you what's on
6	Q. Okay. And you agree that this is the first	6	this typewritten form. Okay?
7	page of Mrs. Gray's religious exemption request?	7	A. Okay.
8	A. I do.	8	Q. I will submit that whatever is on this
9	Q. And you recall that it was handwritten, as you	9	typewritten form is a verbatim translation of what was
10	can see?	10	on the handwritten form. Okay?
11	A. It appears to be, yes.	11	So we can see what your opinions are regarding
12	Q. And then she also provided sort of a typed	12	what Mrs. Gray wrote in the deposition in her
13	transcript of the questions that she had.	13	exemption request. Okay?
14	Do you recall that?	14	A. Okay.
15	A. Not to I don't recall if it was if the	15	Q. Do you recall the questions themselves from
16	typed was available when we were when we were at the	16	the form, or do you need to recollect your memory as to
17	meeting.	17	that?
18	Q. Well, I mean, this was what was submitted, so	18	A. I mean, we can go through them one by one, so
19	are you saying that this was not available to you at the	19	if however you're doing it. I don't recall the
20	time?	20	specific question to put there.
21	A. I don't recall what specifically if	21	Q. Okay. All right. Let's start with the
22	specifically the typewritten was available or not.	22	typewritten form then. Page 2 is from Question 1, and I
23	Q. Okay.	23	will just read question one.
24	MR. HENNESSY: I want to note for the	24	Question 1 states, "In the space below, please
25	record that she hasn't seen I mean, you just scrolled	25	provide a personal statement detailing the
	EXLER REPORTING		EXLER REPORTING
	412-221-4007		412-221-4007
	31		33
	Jennifer Burke, D.O by Mr. Daller		Jennifer Burke, D.O by Mr. Daller
	33		33
1	to the first page of the document. She hasn't seen the	1	sincerely-held beliefs that are religious in nature
2	full document.	2	regarding your COVID-19 vaccination objection explaining
3	MR. DALLER: We're getting there. I'm	3	why you are requesting this religious exemption, the
4	just	4	religious principles that guide your objections to
5	THE VIDEOGRAPHER: (Scrolling.)	5	COVID-19 vaccination, and the religious basis that
6	MR. DALLER: Okay. Why don't we stop	6	prohibits the COVID-19 vaccination. Please attach
7	there for a minute?	7	additional documentation if necessary."
8	THE VIDEOGRAPHER: (Indicating.)	8	Okay? So let's look at her response to
	THE VIDEOGRAPHER. (Indicating.)	•	
		a	Ougstion Number 1
10	BY MR. DALLER:	9	Question Number 1.
10	BY MR. DALLER: Q. Do you recall that this was present?	10	She starts off by saying that even though she
10 11	BY MR. DALLER: Q. Do you recall that this was present? A. I don't recall.	10 11	She starts off by saying that even though she could apply for medical exemption, she's chosen to apply
10 11 12	BY MR. DALLER: Q. Do you recall that this was present? A. I don't recall. Q. So when you say you don't recall, you don't	10 11 12	She starts off by saying that even though she could apply for medical exemption, she's chosen to apply for a religious exemption due to the personal
10 11 12 13	BY MR. DALLER: Q. Do you recall that this was present? A. I don't recall. Q. So when you say you don't recall, you don't think it was or	10 11 12 13	She starts off by saying that even though she could apply for medical exemption, she's chosen to apply for a religious exemption due to the personal convictions of her religious belief.
10 11 12 13 14	BY MR. DALLER: Q. Do you recall that this was present? A. I don't recall. Q. So when you say you don't recall, you don't think it was or A. You asked if I recall or not. I don't recall.	10 11 12 13 14	She starts off by saying that even though she could apply for medical exemption, she's chosen to apply for a religious exemption due to the personal convictions of her religious belief. Do you see that?
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10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	BY MR. DALLER: Q. Do you recall that this was present? A. I don't recall. Q. So when you say you don't recall, you don't think it was or A. You asked if I recall or not. I don't recall. If it was, it was. If it wasn't, it wasn't. I don't recall. Q. Okay. MR. DALLER: Can we stipulate that what's on the typewritten form is verbatim what was on the handwritten form, Brendan? MR. HENNESSY: You know, John, I don't want to stipulate to anything at this point. I mean, I'd have to read it and cross-check it, but I I mean, I don't think it's really an issue.	10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	She starts off by saying that even though she could apply for medical exemption, she's chosen to apply for a religious exemption due to the personal convictions of her religious belief. Do you see that? A. I do. Q. And is there anything in that statement that caused you to believe that she did not have a sincerely-held religious belief? A. No. Q. And she goes on to state that she has a personal explanation and a best example of why, correct? A. That's what she says, yes. Q. Okay. Did you doubt that at all? A. No.

1	Case 2:23-cv-00263-KNS Document	URKE	
	34 Jennifer Burke, D.O by Mr. Daller		36 Jennifer Burke, D.O by Mr. Daller
1	is relates to the time when she was trying to conceive	1	significant impact on physiologic functions, correct?
2	children years ago, correct?	2	A. No more than any other systems, but, yes.
3	A. Yes.	3	Q. I'm not sure I understand your
4	Q . And she stated that after, you know, not being	4	A. If your heart doesn't work, it doesn't really
5	able to conceive, they discussed some other options,	5	matter, right? So, I mean, it doesn't this is not
6	correct?	6	any more physiologic than any other similar systems.
7	A. Yes.	7	Q. Okay. Are there hormones that affect the
8	Q. And they tried some low-tech options to	8	heart?
9	achieve successful pregnancy, but they were	9	A. Not too not too not to any more of a
10	unsuccessful.	10	degree than, you know, the stress hormones, sure.
11 12	Do you see that? A. I do.	11 12	Q. Okay. And you believe you would agree that
13	A. I do.Q. Okay. And then at that point, they	13	this is a statement of how Mrs. Gray views certain types of medical treatment, correct?
14	prayerfully considered the other options which would	14	A. I don't know how she's relating it to the
15	be, I guess, higher tech, right, because she referred to	15	COVID-19 vaccine.
16	them as low tech and concluded that their faith and	16	Q. Okay. So when you read this, would you at
17	beliefs did not peacefully allow them to do that,	17	this point say this is not a sincerely-held religious
18	correct?	18	belief?
19	A. Yes.	19	A. I would say that I'm not sure how she relates
20	Q. And then she goes on to describe hormones,	20	it to the COVID-19 vaccine.
21	artificial insemination, and in vitro fertilization,	21	Q. Okay. You'd have to read more, correct?
22	correct?	22	A. I would.
23	A. Yes.	23	Q. Okay. So let's read the next thing. She says
24	Q. Okay. And what's your understanding of those	24	that her belief is that if they were to have children,
25	therapies in terms of what they require to be	25	it would be because God allowed it to happen, correct?
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	35		37
	Jennifer Burke, D.O by Mr. Daller		Jennifer Burke, D.O by Mr. Daller
1	implemented or successful?	1	A. She says that, yes.
2	A. That's not my level of expertise. I'm sorry.	2	Q. Okay. And that's her belief, correct?
3	Q. I'm sorry?	3	A. I believe so.
4	A. That's not my level of expertise.	4	Q. Okay. And she's relating the treatments to
5	Q. Okay. So you have no knowledge of what those	5	the belief that God would allow it to happen naturally,
6	are, correct?	6	correct?
7	A. I have a basic knowledge of what they are, but	7	A. Hormones, yeah. IVF, yes.
8	I can't speak to them.	8	Q. Okay. And then she goes on to quote
9	Q. Okay. What is your basic knowledge of what	9	scriptures from Psalm 139, Verses 13 through 16. Okay?
10	they are?	10	And she says, "You created my innermost being. You knit
11	A. You go to the reproductive clinic and they	11	me together, and all of the days for me were ordained as
12	either insert stuff or take stuff out and put it back	12	written in your book before they came to be."
13	in.	13	Do you see that?
14	 Q. Okay. So they are manipulative in nature, 	14	A. Yes.
15	correct?	15	Q. Okay. Do you have an issue with that, those
16	A. I would say that they're medically used.	16	beliefs?
17	Q. All right. Do any of these treatments invade	17	A. No.
18	the body?	18	Q. And then she goes on to say that "Life begins
19	A. I would say that IVF does, yes.	19	at concept and ends at natural death."
20 21	Q. Okay. And do hormones manipulate the body?	20 21	Do you see that? A. I do.
22	A. They can.Q. Okay. I mean, in fact, a hormone is part of	22	
23	the endocrine system, correct?	23	Q. Okay. Do you believe that?A. I do.
24	A. Yes.	24	Q. And she says that, "This is the same belief
25	Q. Okay. And the endocrine system has	25	system that guides my objections to the current to
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	38		40
	Jennifer Burke, D.O by Mr. Daller		Jennifer Burke, D.O by Mr. Daller
1	the current COVID-19 vaccination," correct?	1	are?
2	A. That's what that's what it says.	2	A. I do not know what she's saying, what genetic
3	Q. Do you not believe that?	3	components.
4	A. I don't know how it relates.	4	Q. Did you ask her?
5	Q. You don't understand how that relates?	5	A. Again, no.
6	A. I don't.	6	Q. Okay. Did you interpret that in any way?
7	Q. Okay. All right. So in the next sentence	7	A. It seems more medical than religious.
8	then she states that she "is not comfortable having	8	Q. Okay. What what is more medical than
9	genetic components that my body did not create into her	9	religious? I don't understand that.
10	injected into her body."	10	A. She's talking about genetics, so it's
11	Do you see that?	11	specifically related to medicine. It doesn't seem
12	A. I see that, uh-huh.	12	related to religion at all. She didn't tie it for me in
13	Q. And from a standpoint of evaluating her	13	her statement.
14	religious exemption request, do you disagree with that	14	Q. Okay. Is injection of genetic material
15	or have a problem with that statement?	15	invasive at all?
16	A. I don't know how that relates to her religious	16	 A. It would depend on the injection.
17	beliefs.	17	Q. You mentioned cancer treatments using
18	Q. Okay. Did you ask her?	18	messenger RNA, correct?
19	A. I did not.	19	A. Yes.
20	Q. Did anybody on the committee ask her?	20	Q . Is that invasive?
21	A. I do not believe so.	21	A. I think it's an injection. I don't know that
22	Q . Are you familiar with the interactive process,	22	injections are super invasive.
23	that term?	23	Q . Are you familiar with the adenovirus cancer
24	A. No.	24	treatments at the University of Pennsylvania for liver
25	Q. No, okay.	25	cancer?
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	39 Jennifer Burke, D.O by Mr. Daller		41 Jennifer Burke, D.O by Mr. Daller
	A		
1	Are you familiar with the EEOC's sort of	1	A. I'm not.
2	guidance on evaluating a religious exemption request?	2	Q. You're not, okay. So you have no knowledge of
2	guidance on evaluating a religious exemption request? A. As much as we talked about it in the	2	Q. You're not, okay. So you have no knowledge of the deaths that occurred during those early trials,
2 3 4	guidance on evaluating a religious exemption request? A. As much as we talked about it in the committee, that's my familiarity.	2 3 4	Q. You're not, okay. So you have no knowledge of the deaths that occurred during those early trials, correct?
2 3 4 5	guidance on evaluating a religious exemption request? A. As much as we talked about it in the committee, that's my familiarity. Q. Okay. So other than that, you have no	2 3 4 5	Q. You're not, okay. So you have no knowledge of the deaths that occurred during those early trials, correct?A. I do not.
2 3 4 5 6	guidance on evaluating a religious exemption request? A. As much as we talked about it in the committee, that's my familiarity. Q. Okay. So other than that, you have no expertise, knowledge of how to evaluate a religious	2 3 4 5 6	 Q. You're not, okay. So you have no knowledge of the deaths that occurred during those early trials, correct? A. I do not. Q. Let's look at Page 2, Question 3, and you can
2 3 4 5 6 7	guidance on evaluating a religious exemption request? A. As much as we talked about it in the committee, that's my familiarity. Q. Okay. So other than that, you have no expertise, knowledge of how to evaluate a religious exemption request, is that correct, other than anything	2 3 4 5 6 7	 Q. You're not, okay. So you have no knowledge of the deaths that occurred during those early trials, correct? A. I do not. Q. Let's look at Page 2, Question 3, and you can just look at the typewritten thing, and I will find it
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. As much as we talked about it in the committee, that's my familiarity. Q. Okay. So other than that, you have no expertise, knowledge of how to evaluate a religious exemption request, is that correct, other than anything you heard in the committee? A. Correct. Q. Okay. So you were totally reliant upon things that you were told, correct? MR. HENNESSY: Objection to form. BY MR. DALLER: Q. You can answer. A. I was reliant on what we discussed in the committee and what we looked at as the religious	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. You're not, okay. So you have no knowledge of the deaths that occurred during those early trials, correct? A. I do not. Q. Let's look at Page 2, Question 3, and you can just look at the typewritten thing, and I will find it and read it. So Question 3 says, "Does the religious belief identified in Question 1 prevent you from receiving other vaccines or just the COVID-19 vaccine?" And on the form she said, "It was some, but not all vaccines." Okay? Reading her answer to Question 3 on Page 2: I am not comfortable having genetic components that my body did not create injected into my body. I am not
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	A. As much as we talked about it in the committee, that's my familiarity. Q. Okay. So other than that, you have no expertise, knowledge of how to evaluate a religious exemption request, is that correct, other than anything you heard in the committee? A. Correct. Q. Okay. So you were totally reliant upon things that you were told, correct? MR. HENNESSY: Objection to form. BY MR. DALLER: Q. You can answer. A. I was reliant on what we discussed in the committee and what we looked at as the religious beliefs. Q. Okay. So as a physician, do you believe there's an inaccuracy in that last statement of "I am	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	Q. You're not, okay. So you have no knowledge of the deaths that occurred during those early trials, correct? A. I do not. Q. Let's look at Page 2, Question 3, and you can just look at the typewritten thing, and I will find it and read it. So Question 3 says, "Does the religious belief identified in Question 1 prevent you from receiving other vaccines or just the COVID-19 vaccine?" And on the form she said, "It was some, but not all vaccines." Okay? Reading her answer to Question 3 on Page 2: I am not comfortable having genetic components that my body did not create injected into my body. I am not opposed to vaccines. If there is a COVID vaccine that comes out that does not use this process, I would investigate and consider accepting it." And she
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. As much as we talked about it in the committee, that's my familiarity. Q. Okay. So other than that, you have no expertise, knowledge of how to evaluate a religious exemption request, is that correct, other than anything you heard in the committee? A. Correct. Q. Okay. So you were totally reliant upon things that you were told, correct? MR. HENNESSY: Objection to form. BY MR. DALLER: Q. You can answer. A. I was reliant on what we discussed in the committee and what we looked at as the religious beliefs. Q. Okay. So as a physician, do you believe there's an inaccuracy in that last statement of "I am not comfortable having genetic components that my body	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. You're not, okay. So you have no knowledge of the deaths that occurred during those early trials, correct? A. I do not. Q. Let's look at Page 2, Question 3, and you can just look at the typewritten thing, and I will find it and read it. So Question 3 says, "Does the religious belief identified in Question 1 prevent you from receiving other vaccines or just the COVID-19 vaccine?" And on the form she said, "It was some, but not all vaccines." Okay? Reading her answer to Question 3 on Page 2: I am not comfortable having genetic components that my body did not create injected into my body. I am not opposed to vaccines. If there is a COVID vaccine that comes out that does not use this process, I would investigate and consider accepting it." And she mentions that at that time she had started to look at
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44 Jennifer Burke, D.O. - by Mr. Daller Jennifer Burke, D.O. - by Mr. Daller 1 I don't know how it relates to her religious accept is a religious question? Is that your testimony? 2 belief. 2 It's not. 3 3 Q. And why is that? Okay. That's --4 4 Α. Because it seems medical. MR. HENNESSY: Objection. Again, she 5 Q. It seems medical, yeah. 5 answered the question. This is just argument at this 6 6 And Question 3 states, "Does the religious point. 7 7 belief prevent you from receiving other vaccines or just MR. DALLER: All right. We'll accept that 8 the COVID-19 vaccine": is that correct? 8 answer. 9 9 If you -- if you say so, sure. BY MR. DALLER: 10 10 Q. Okay. Do you need to see that question? Q. Let's -- Page 4, Question 5, "Have you ever 11 11 No. I just am telling you that I don't been approved for any other type of religious 12 understand how this -- this statement does not appear to 12 accommodations during your employment with MLH, yes or 13 be religious. It appears to be medical. 13 no?" She stated, "No." 14 Okay. Does the guestion -- "Does the 14 And this is her answer. Why don't you go 15 15 religious belief identified in Question 1 prevent you ahead and read that and let me know when you're ready? 16 from receiving other vaccines or just the COVID-19 16 "Even though" -- it's cut off for me because 17 vaccine?" 17 there's pictures on the side, so you have to make it 18 Is that a medical question? 18 smaller. 19 19 A. It's not, but her answer is not religious to THE VIDEOGRAPHER: (Indicating.) 20 me. It's medical. 20 That's fine. "Even though I have not 21 21 officially requested a religious exemption on the basis Q. But the question itself is not religious, 22 22 of my beliefs, I have relied upon the graciousness of correct? 23 23 The question is -- the question said -- asked colleagues to support patient decisions making --24 24 her to state her religious belief. I do not believe she patient decisionmaking when it conflicts with my 25 25 did that. personal religious belief. I have, quote, 'switched,' **EXLER REPORTING EXLER REPORTING** 412-221-4007 412-221-4007 43 45 Jennifer Burke, D.O. - by Mr. Daller Jennifer Burke, D.O. - by Mr. Daller 1 unquote, assignments with colleagues to allow for them That's not what that question states. 2 The question states, and I quote, "Does the to care for those after an abortion or for those 3 3 religious belief identified in Question 1 prevent you patients who are asking for Plan B. "I have also switched assignments when I felt 4 from receiving other vaccines or just the COVID-19 4 5 vaccine?" 5 I would be too emotional to care for those who might be 6 A. And I said --6 experiencing a miscarriage due to my own miscarriages 7 And it requests the individual to choose from 7 when I longed for a baby -- for a child so badly." Q. 8 8 all other vaccines, some but not all, or only the COVID And is your characterization of that answer 9 vaccine? 9 that it's a religious answer or do you characterize that 10 MR. HENNESSY: I'm going to object to 10 in some way as medical? 11 form, and it sounds argumentative, to me. I just -- you 11 A. It seems religious to me. 12 know, let the witness answer the question. 12 Okay. Do you have any objections or concerns 13 BY MR. DALLER: 13 with this answer in regards to how you decided to deny 14 Q. Is that question medical or religious? 14 Mrs. Gray's religious exemption request? 15 15 The question needs a religious answer. MR. HENNESSY: Objection to form. 16 16 So it's your testimony that choosing whether BY MR. DALLER: 17 17 you take all vaccines, some but not all, or only the Q. You can answer. 18 COVID vaccine is a religious answer, correct? 18 Again, it didn't relate to what her -- what Α. 19 My -- my question -- my answer is her answer 19 her objection was. 20 20 is not religious to me. Okay. What's Plan B? 21 Q. I'm not asking what her answer is. I'm asking 21 It's a medicine that makes you not conceive. Α. 22 22 about the question. Q. What type of medicine? 23 The question is what is -- the question is --23 Δ It's a hormone. 24 24 the question is religious. The question is religious. Q. It's a hormone. And in Question 1 did 25 So choosing what medical intervention you will 25 Mrs. Gray not mention hormones as being unacceptable to **EXLER REPORTING EXLER REPORTING** 412-221-4007 412-221-4007

48 Jennifer Burke, D.O. - by Mr. Daller Jennifer Burke, D.O. - by Mr. Daller 1 her? I'm sorry. You're going to need to re-ask the question. 2 2 Does the COVID-spike protein exist along with She mentioned that the vaccine has a genetic 3 component that she doesn't want. 3 the messenger RNA in the syringe when the COVID vaccine 4 Correct. But did she also not mention 4 Q. is injected into the body? 5 hormones? 5 Α. No. 6 6 She did. Q. No. Where does it come from? A. 7 7 Q. And do exogenously-administered hormones It comes from the messenger RNA. A. 8 8 manipulate the body at all? So at what point does the messenger RNA create 9 9 I'm not sure how this relates to her the spike protein? 10 10 religious beliefs. When it -- when it interacts with the immune Α. 11 11 That's not my question. My question is do system. 12 exogenously-administered hormones manipulate the human 12 Q. So the immune system causes the messenger RNA 13 body? 13 to create the spike protein? 14 14 A. They do. Α. Correct. 15 15 Q. They do, okay. Q. Okay. And then once the immune system creates 16 And if genetic material is injected into one's 16 the spike protein, now the person, when they're exposed 17 body, does that manipulate the body to do something? 17 to COVID, it's recognized and the spike protein takes 18 It does. 18 care of the COVID infection? A. 19 MR. HENNESSY: Object to form, but go 19 Is that the correct understanding? 20 ahead. 20 The same way -- the same way the influenza, 21 21 BY MR. DALLER: when you get the influenza vaccine, it would do to your 22 22 Q. I'm sorry? immune system. It recognizes it as a foreign substance 23 23 A. It does. and says no. 24 24 Q. Q. So --It does, okay. 25 25 The same way the MR would work. The same way And what exactly does it cause the body to do? **EXLER REPORTING EXLER REPORTING** 412-221-4007 412-221-4007 47 49 Jennifer Burke, D.O. - by Mr. Daller Jennifer Burke, D.O. - by Mr. Daller 1 Specify the genetic material. that -- you know, they work -- they interfere with your 2 We're talking about a messenger RNA COVID immune system, as well. 3 3 vaccine right now. Q. Okay. Now, what's the influenza vaccine? 4 It causes -- it causes the immune system to 4 A. Eaas. 5 recognize the -- recognize the COVID vaccine -- the 5 I didn't say where it was made. I asked what 6 COVID -- blah. COVID when it sees it. 6 is in an influenza vaccine? What biologic substance is 7 7 that, if you know? How does it do that? 8 8 By creating a protein spike. Α. I believe it's inactive- -- inactivated flu. 9 9 Inactivated flu, so it's an inactivated And then what? 10 When the -- when the vac- -- when the virus is 10 biologic agent. 11 seen, the body recognizes it. The immune system 11 What -- does it also contain a messenger RNA? 12 12 recognizes it. Α. I don't think so. 13 So it's your testimony that the messenger RNA 13 Does it contain a carbohydrate? 14 functions by producing the COVID-spike protein; is that 14 I have no idea. A. 15 15 correct? Q. Does it contain a protein? 16 16 A. No. My -- no. It causes the immune system to I don't know specifically. I'd have to look 17 17 recognize it. it up. Where did the COVID-spike protein come from? 18 18 Q. Okay. But in your assessment of Mrs. Gray's 19 19 A. The messenger RNA. religious exemption request, you're relying on her 20 20 So is the COVID-spike protein in the messenger statements regarding treatments and how they impact her 21 RNA vaccine when it's administered? 21 decision; is that correct? 22 22 A. It is. MR. HENNESSY: Again, objection. 23 So the COVID spike protein coexists with the 23 Are you basing it on the portions of the Q. 24 messenger RNA in the vaccine. Is that your testimony? 24 exemption request which we reviewed? 25 25 I -- I don't -- I'm confused at this point, so MR. DALLER: Yes. Because that's -- she **EXLER REPORTING EXLER REPORTING** 412-221-4007 412-221-4007

52 Jennifer Burke, D.O. - by Mr. Daller Jennifer Burke, D.O. - by Mr. Daller 1 has told me she has no recollection of the request or life or death." the discussion, so, I mean, I have to assume that 2 Okay? 3 3 anything she's saying is related to what we've reviewed. Okay. Α. 4 4 BY MR. DALLER: All right. What's your interpretation of her Q. 5 Q. You can answer. 5 answer here? 6 6 Α. So -- so what I'm saying is that I do not I don't know how it's medical invasion that 7 7 understand how -- how she's relating her religious -she has related to the COVID vaccine. 8 her religious conviction specifically to the COVID 8 Q. So you don't know what she's talking about 9 9 regarding medical invasion? vaccine. 10 **Q.** And what specifically did you not understand? 10 A. I don't know how it relates to the COVID 11 Specifically she'll take other vaccines, but 11 vaccine. 12 she will not take this vaccine. She has not proven to 12 Q. Okay. Is the COVID vaccine something that's 13 me religiously that this is -- that she has an objection 13 put into her body? 14 to the COVID vaccine. 14 15 15 Q. Okay. And is there any medical difference Q. Is the COVID vaccine genetic in nature? 16 16 between the COVID vaccine and the flu vaccine? Α. It is. 17 Medically, I do not believe so. 17 Q. Is this genetic-in-nature vaccine being placed 18 Okay. Did the fact that she added the -- that 18 into the body? 19 at times if she had to care for a person, you know, who 19 I thought I answered that question. 20 had a miscarriage, that was too emotional for her. 20 **Q.** Well, answer it again. 21 21 Yes. Did that impact your decision at all here? A. 22 It did not. 22 And is it not her conviction that this type of A. Q. 23 Q. All right. Well, let's look at the last 23 medical invasion is something that seeks to alter how 24 question here on Page 4, Question 7, and it talks about 24 God created her? But, again, how is this different? She has 25 25 a --**EXLER REPORTING EXLER REPORTING** 412-221-4007 412-221-4007 51 53 Jennifer Burke, D.O. - by Mr. Daller Jennifer Burke, D.O. - by Mr. Daller MR. DALLER: You can pull it up. not said that. 1 1 2 2 BY MR. DALLER: **Q.** Okay. If you do not understand the difference 3 3 Q. And you can take a minute to read it, between the vaccines, would that be a problem? 4 Dr. Burke. 4 Α. It's not. 5 5 THE VIDEOGRAPHER: (Indicating.) Q. I'm sorry? 6 THE WITNESS: You have to make it smaller. 6 Α. No, it's not. 7 THE VIDEOGRAPHER: (Indicating.) 7 Okay. So your belief of what the COVID 8 THE WITNESS: Thank you. That's good. 8 vaccine is or is not, from a medical perspective, does 9 "Throughout my life I have held a consistent 9 not influence, then, your decision as to her statements; 10 approach and a genuine conviction about medical invasion 10 is that correct? that seeks to alter how God created me. I believe my 11 MR. HENNESSY: Objection to form. 11 12 body is the Temple of the Holy Spirit. Do you not know 12 THE WITNESS: The vaccines all create 13 13 your body is your Temple for the Holy Spirit who is in something that the body reacts to. I don't -- she -- I 14 you whom you have received from God? You are not your 14 don't understand how this -- how religiously it's own, you were bought at a price. Therefore, honor God 15 different for her. 15 16 with your bodies," end quote. 16 BY MR. DALLER: 17 (First Corinthians 6:19-20). "And I strive to 17 Q. Okay. Approaching vaccine produces an 18 follow principles that are glorifying to God in 18 antibody response, correct? 19 19 Yes. acknowledgement of this. Getting this vaccine would A. 20 negatively affect my conscious and soul, not allowing me 20 Okay. Is the -- does the protein vaccine 21 to serve and honor the God I love." 21 require interaction between the vaccine and the cellular 22 22 BY MR. DALLER: genetic machinery? 23 Q. Okay. What's your -- and just so we're clear, 23 A. Any more than the mRNA does, no. It doesn't 24 the prompt for this is, "Please state how receiving the 24 change your genetics. So, you know, I mean, it just 25 COVID vaccine will negatively affect your purpose in 25 uses -- it just uses it. So, you know, it doesn't **EXLER REPORTING EXLER REPORTING** 412-221-4007 412-221-4007

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	54		56
	Jennifer Burke, D.O by Mr. Daller		Jennifer Burke, D.O by Mr. Daller
	·		·
1	change your genetics either way.	1	as well.
2	Q. Okay. So your interpretation of all of this	2	THE VIDEOGRAPHER: (Indicating.)
3	relies upon, quote, "changed genetics"; is that correct?	3	
4	A. Medical invasion that seeks to alter how God	4	,
5	created me. Yeah, I would say that it would change her		
6	and I can't see how that changes her any more than the		
7	flu vaccine would change her to be able to rely on the	7	
8	fact that she saw it and she's going to fight off the	8	
9	flu.	9	
		_	, , , , ,
10	Q. And these are your beliefs?	10	•
11	A. This is I mean, again, immunology from a	11	•
12	standpoint of you get you know, whether it's alive,	12	
13	whether it's, you know, a protein, your body your	13	. , , , , , , , , , , , , , , , , , , ,
14	body's immune system sees it, and then sees it it	14	•
15	sees it as an invader.	15	•
16	So how is it different than any other vaccine?	16	
17	And how does that it relate to her religious conviction?	17	· · · · · · · · · · · · · · · · · · ·
18	Q. All right.	18	screen.)
19	MR. DALLER: And if we can look at the	19	Okay.
20	form, Question 6, please, and it's on Page 4 of the	20	Q. Okay. What's your opinion after reading this?
21	form.	21	A. That it's medical. Not sci not religious.
22	BY MR. DALLER:	22	Q. Okay. Do you use your religion in everyday
23	Q. And while we're going there, I believe you	23	life?
24	testified that long-standing was important, correct?	24	A. I do.
25	A. Yes.	25	Q. Do you make decisions in your life regarding
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	55		57
	Jennifer Burke, D.O by Mr. Daller		Jennifer Burke, D.O by Mr. Daller
			Jennier Burke, D.O by Mr. Daner
			Jennile Burke, D.O by Wil. Dallel
1		1	
1 2		1 2	or based upon your religion?
	Q. Did she have a long-standing belief?		or based upon your religion? A. In my personal life, yes.
2	Q. Did she have a long-standing belief? A. I believe she had a long-standing religion.	2	or based upon your religion? A. In my personal life, yes. Q. Yes, okay.
2	 Q. Did she have a long-standing belief? A. I believe she had a long-standing religion. Q. If one practices a religion, do you think 	2	or based upon your religion? A. In my personal life, yes. Q. Yes, okay. And are there any specific types of decisions
2 3 4	Q. Did she have a long-standing belief? A. I believe she had a long-standing religion. Q. If one practices a religion, do you think that's they're practicing their beliefs? A. I believe so.	2 3 4	or based upon your religion? A. In my personal life, yes. Q. Yes, okay. And are there any specific types of decisions that you don't rely on your religion for?
2 3 4 5	Q. Did she have a long-standing belief? A. I believe she had a long-standing religion. Q. If one practices a religion, do you think that's they're practicing their beliefs? A. I believe so.	2 3 4 5	or based upon your religion? A. In my personal life, yes. Q. Yes, okay. And are there any specific types of decisions that you don't rely on your religion for? A. When I'm seeing patients, I tend to rely on
2 3 4 5 6	 Q. Did she have a long-standing belief? A. I believe she had a long-standing religion. Q. If one practices a religion, do you think that's they're practicing their beliefs? A. I believe so. Q. So when did she start practicing her religion? A. 1970. 	2 3 4 5 6	or based upon your religion? A. In my personal life, yes. Q. Yes, okay. And are there any specific types of decisions that you don't rely on your religion for? A. When I'm seeing patients, I tend to rely on science.
2 3 4 5 6 7 8	Q. Did she have a long-standing belief? A. I believe she had a long-standing religion. Q. If one practices a religion, do you think that's they're practicing their beliefs? A. I believe so. Q. So when did she start practicing her religion? A. 1970. Q. Is that long enough for you?	2 3 4 5 6 7	or based upon your religion? A. In my personal life, yes. Q. Yes, okay. And are there any specific types of decisions that you don't rely on your religion for? A. When I'm seeing patients, I tend to rely on science. Q. Okay. In terms of how you treat that patient,
2 3 4 5 6 7 8 9	 Q. Did she have a long-standing belief? A. I believe she had a long-standing religion. Q. If one practices a religion, do you think that's they're practicing their beliefs? A. I believe so. Q. So when did she start practicing her religion? A. 1970. Q. Is that long enough for you? A. It's long. She's been practicing for a while, 	2 3 4 5 6 7 8 9	or based upon your religion? A. In my personal life, yes. Q. Yes, okay. And are there any specific types of decisions that you don't rely on your religion for? A. When I'm seeing patients, I tend to rely on science. Q. Okay. In terms of how you treat that patient, correct?
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	58 Jennifer Burke, D.O by Mr. Daller		60 Jennifer Burke, D.O by Mr. Daller
1	A. Where I go on vacation. Where you know,	1	A. Yeah, because it doesn't change your genetic
2	what I eat for dinner.	2	makeup.
3	Q. Okay. So where you go on vacation is not	3	Q. Okay. Did Ms. Gray state that?
4	influenced by religion at all?	4	A. But you're bringing this forward as his
5	A. No.	5	interpretation of her belief.
6 7	Q. Would you go to a satanic cult conference on	6	Q. Okay. So the fact that he stated that that's
8	vacation? A. Probably not.	8	his understanding as a pastor of what genetic makeup would be, that's what you're relying upon your decision
9	Q. Okay. Why is that?	9	about Mrs. Gray's belief, correct?
10	A. Because I wouldn't go to a conference on	10	A. I'm relying on her entire thing. What he said
11	vacation.	11	was she believes that the functions of the present
12	Q. Okay. What type of music do you listen to?	12	COVID-19 vaccines would alter the specific genetic
13	A. Pretty much everything. Well, I don't like	13	makeup of her body.
14	country and I don't like heavy metal, but pretty much	14	Q . Okay.
15	everything.	15	A. So he said what her belief is. I'm going on
16	Q. You listen to rap?	16	the entire thing which she which is basically
17	A. Mainstream occasionally.	17	medical, not religious.
18	Q. All right. Let's look at the pastor's	18	Q. And vaccines is in quotes, correct?
19	statement. So she's not opposed to vaccinations, in	19	A. I don't know why it was it is in quotes.
20	general, in her beliefs; is that correct?	20	 Q. Okay. You're a palliative care physician,
21	A. Yes.	21	correct?
22	Q. Okay. But her	22	A. I am.
23	THE WITNESS: Excuse me. I'm sorry.	23	Q. Can you describe what palliative care is?
24 25	Could you move this a second so I can read the whole	24 25	A. It's for anyone that has serious illness that
25	thing, please? EXLER REPORTING	25	they will that we talk about their goals and we talk EXLER REPORTING
	412-221-4007		412-221-4007
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	59 Jennifer Burke, D.O by Mr. Daller		Jennifer Burke, D.O by Mr. Daller
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	Jennifer Burke, D.O by Mr. Daller THE VIDEOGRAPHER: (Indicating.)	1 2 3	Jennifer Burke, D.O by Mr. Daller about making them a little more comfortable.
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64 Jennifer Burke, D.O. - by Mr. Daller Jennifer Burke, D.O. - by Mr. Daller 1 create a comfortable death, not any hastening of death. concern, not -- you know, I don't -- because I don't 2 Q. Okav. 2 have to see them. 3 3 MR. HENNESSY: John, I just want to remind Okay. And if Mrs. Gray has a religious belief 4 4 you. We have Barbara coming in at 10:00 and it's 9:54. on the types of medical care that are acceptable to her 5 Do you think we'll be wrapped up by 10:00? 5 because of the religion, because of the tenets of the 6 MR. DALLER: Yeah, I think so. Just give 6 religion, is that okay? 7 7 me a minute and then we'll -- we'll go off the record If we are talking about her getting medical 8 for about two minutes and then we'll be back and finish 8 care, that's fine. If we're talking about the fact that 9 9 up. Okay? she had -- that what she presented to the Religious 10 10 MR. HENNESSY: Okay. Exemption Committee, we did not feel related to her 11 11 (Brief pause.) religious beliefs, then -- then they're two separate 12 MR. DALLER: Okay. We can go back on, 12 questions. 13 13 Karen, if Attorney Hennessy and Dr. Burke are ready. Q. Okay. And that's your opinion, correct? 14 14 THE WITNESS: Yeah. Α. That's my opinion, yes. 15 15 MR. DALLER: All right. We're back on, Okay. And everyone has an opinion, correct? 16 Karen? 16 Α. Yes. 17 THE VIDEOGRAPHER: Yes, you're back on. 17 Q. And opinions are subjective, correct? 18 18 Δ They're -- they can be -- they can be based on Yes. 19 19 MR. DALLER: All right. fact. 20 BY MR. DALLER: 20 And what facts did you rely on that she did Q. 21 21 Q. So now that we've looked at the narrative not have a sincerely-held religious belief? 22 22 portion and the pastor's statement that was provided in I said she didn't tie her -- she could not 23 23 Mrs. Gray's exemption request, Dr. Burke, does this give give us a reason why the COVID exemption -- the COVID --24 you a recollection of the reasons why her exemption 24 her religion -- she did not tie her belief to her 25 25 request was denied? religious belief. **EXLER REPORTING EXLER REPORTING** 412-221-4007 412-221-4007 63 65 Jennifer Burke, D.O. - by Mr. Daller 1 Q. And that was your opinion, correct? 1 A. I believe it was denied because it was medical 2 That was my opinion. 2 and not religious. 3 MR. DALLER: All right. That's all I 3 Okay. So what she explained was medical? Q. 4 have. Thank you very much, Doctor. You have a great 4 Α. Correct. 5 weekend. 5 Okay. And is it your testimony that when an 6 THE WITNESS: Thank you. You too. 6 individual makes medical decisions for themselves, that 7 THE VIDEOGRAPHER: All right. This 7 has nothing to do with religion? 8 concludes the videotaped deposition via Zoom of Jennifer 8 My testimony is that her -- that she did not 9 Burke, D.O. Off the record at 9:58 a.m. 9 link this for me to her religious beliefs. 10 (Signature not waived.) 10 If a patient doesn't link their palliative 11 (Whereupon, the above-entitled matter was 11 desires or goals to you and they, you know, say that, 12 concluded at 9:58 a.m.) 12 "Oh, this is my religious belief that this is what I 13 13 want," what -- how do you respond to that? 14 14 A. They can have --15 15 MR. HENNESSY: Objection to form. 16 16 THE WITNESS: They can have any religion 17 17 they want. I'm not -- I'm not here to put my views onto 18 18 them. 19 19 BY MR. DALLER: 20 20 Q. Okay. And provide medical care to them, 21 21 correct? 22 22 Α. I'm there to provide medical care. 23 23 O I'm sorry? 24 24 I'm there to provide medical care. If they 25 25 don't want it because of their religion, that's their **EXLER REPORTING EXLER REPORTING** 412-221-4007 412-221-4007

1 DAWN GRAY, vs. 2 MAIN LINE HOSPITALS, INC. 3	and for the Commonwealth of Pennsylvania, do hereby 4 certify that the witness, JENNIFER BURKE, D.O., was by me first duly sworn to testify the truth, the whole 5 truth, and nothing but the truth; that the foregoing videotaped Zoom deposition was taken at the time stated 6 herein; and that the said videotaped Zoom deposition was recorded stenographically by me and then reduced to
DEPONENT'S CERTIFICAT I, JENNIFER BURKE, D.O., deponed of the down of the deposition on the above date: There are no changes Please indicate the within changes total number of changes. Date Jennifer Burke, D.O. Subscribed and sworn to before me, a Notary fithis day of, 2023. Notary Public My Commission Expires: My Commission Expires:	record of the testimony given by said witness, all to the best of my skill and ability. 9
EXLER REPORTING 412-221-4007	EXLER REPORTING 412-221-4007
1 VIDEOTAPED ZOOM DEPŌSITION OF JENNIF CHANGES AND/OR CORRECTIONS 2 PAGE LINE NOW READS: 3 SHOULD READ: 5 FACE NOW READS: 6 REASON FOR CHANGE: 7 PAGE LINE NOW READS: 8 SHOULD READ: 10 REASON FOR CHANGE: 11 REASON FOR CHANGE: 12 PAGE LINE NOW READS:	

14 15 16 17 REASON FOR CHANGE:_____ 18 19 PAGE___LINE___NOW READS:____ 20 21 SHOULD READ:_____ 22 REASON FOR CHANGE:_____ 23 24 25 Page ___ of ___ MJE EXLER REPORTING 412-221-4007

EXHIBIT H

1 1 IN THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA 2 3 DAWN GRAY, Civil Action No. 2:23-cv-00263-KNS 4 Plaintiff, 5 VS. 6 MAIN LINE HOSPITALS, 7 INC., 8 Defendant. 9 10 11 12 13 14 VIDEOTAPED ZOOM DEPOSITION OF PAM TEUFEL 15 Wednesday, August 9, 2023 16 17 18 19 20 21 22 23 ELECTRONIC DISTRIBUTION, FORWARDING OR REPRODUCTION OF THIS TRANSCRIPT IS PROHIBITED WITHOUT AUTHORIZATION 24 FROM THE CERTIFYING AGENCY 25 EXLER REPORTING 412-221-4007

4 VIDEOTAPED ZOOM DEPOSITION OF PAM TEUFEL, a witness herein, called by the Plaintiff for 1 <u>PROCEEDINGS</u> 3 examination, taken pursuant to the Federal Rules of 2 Civil Procedure, by and before Pamela J. Rose, a 4 5 Registered Professional Reporter and a Notary Public in 3 THE VIDEOGRAPHER: Good afternoon, Mv 6 and for the Commonwealth of Pennsylvania, held remotely 4 name is Karen Begley, and I'm a legal videographer with with all participants appearing via Zoom, on Wednesday, 8 August 9, 2023, at 2:35 p.m. 5 Litigation Advantage. 9 **APPEARANCES:** 6 Today's date is August 9, 2023, and the time 10 11 For the Plaintiff: is approximately 2:35 p.m. 7 JOHN A. DALLER, ESQUIRE 12 8 We are taking the videotaped deposition via Daller Law Firm Zoom of Pam Teufel, Senior Vice-President Human 9 13 P.O. Box 162 Resources for Main Line Health, in the case of Dawn Gray 510 Pittsburgh Street 10 14 Mars, PA 16046 versus Main Line Hospitals, Inc. 11 724-201-2050 15 johndaller@daller-law.com 12 This case is filed in the United States 13 District Court for the Eastern District of Pennsylvania. For the Defendant: 16 14 No. 2:23-cv-00263-KNS. 17 **BRENDAN HENNESSY, ESQUIRE** 15 Our court reporter today is Pamela Rose from Hennessy Law 18 101 Lindenwood Drive, Suite 225 16 Exler Reporting. Malvern, PA 19355 17 Will counsel please identify yourselves, 19 484-875-3111 bhennessy@hennessylawfirm.com 18 beginning with the noticing attorney, state whom you 20 19 represent, and our court reporter will then swear in our Also Present: 21 20 witness. KAREN BEGLEY, VIDEOGRAPHER 21 MR. DALLER: John Daller representing 22 Litigation Advantage 4411 Gibsonia Road, Suite 5 22 Dawn Gray, the Plaintiff. 23 Gibsonia, PA 15044 23 MR. HENNESSY: Brendan Hennessy. I'm 412-486-3325 24 kbegley@litadvantage.com 24 representing the Defendants. 25 25 Dawn Gray, Plaintiff **FXI FR RFPORTING EXLER REPORTING** 412-221-4007 412-221-4007 3 5 Pam Teufel - by Mr. Daller 1 INDEX PAM TEUFEL, 1 2 the witness, having been first duly sworn, was examined and testified as follows: 3 3 4 **EXAMINATION** 1 WITNESS: PAM TEUFEL 5 BY MR. DALLER: 5 6 Q. Good afternoon, Ms. Teufel. How are you EXAMINATION: PAGE: 7 today? 6 8 A. Good. 7 BY MR. DALLER 5,84 9 Good. So I know you and I have talked before in a previous deposition. Where things are going to be 8 BY MR. HENNESSY 83 10 11 repetitive, I'm going to try and get through them very q quickly, you know, to save us all some time and then, 12 EXHIBITS: 10 13 you know, most importantly spend some time on the specifics of this case. Okay? 14 (WHEREUPON, NO EXHIBITS WERE MARKED FOR 11 15 I know last time I talked about the purpose of IDENTIFICATION.) 12 16 the deposition; not talking over each other so the court 17 reporter, Ms. Rose, can get a good, you know, record of 13 14 what we're talking about; answering verbally because we 18 15 can't -- she can't transcribe head nods and grunts and 19 16 17 20 groans, and we all know we do that. 18 21 So you understand that? 19 22 Yes. A. 20 21 23 Okay. And you're not using any type of 22 24 prescription medication or nonprescription medication 23 24 that would impair your ability to either understand my 25 **EXLER REPORTING EXLER REPORTING** 412-221-4007 412-221-4007

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	Pam Teufel - by Mr. Daller 6		Pam Teufel - by Mr. Daller 8
1	questions or to answer them effectively today; correct?	1	We already had an existing flu policy mandated
2	A. No.	2	for staff, and so I spoke with many of my colleagues
3	Q. Okay. If you do need to take a break, you	3	around the country, as did many peers.
4	know, let me know and we can certainly do that.	4	They sent drafts to me. I would forward them
5	MR. DALLER: Brendan, waive all	5	to Greg Papa, who is our Vice-President of Human
6	objections, except to form and privilege, until the time	6	Resources, as well as our employment counsel,
7	of trial?	7	Tom Mendicino.
8	MR. HENNESSY: Reserve all objections,	8	We actually have an HR policy committee that
9	except for form, until the time of trial.	9	already exists, and so I was sending those copies to
10		10	
	MR. DALLER: All right. Sounds good.		them to say this is how others are crafting theirs to
11	BY MR. DALLER:	11	help in that formation.
12	Q. And I know, Ms. Teufel, we talked about if	12	Q . Okay. So in that regard, you were primarily a
13	you've ever been deposed before. I know you said you've	13	conduit, if you will, of information from outside your
14	been deposed in a couple of these cases, and I deposed	14	organization coming to the people that worked in your
15	you previously.	15	organizational structure?
16	Has anything else changed?	16	A. Yes.
17	A. No.	17	Q. Okay. And if I recall correctly, you said
18	Q. Okay. And you're still working at Main Line;	18	that there was like a local consortium, something like
			· · · · · · · · · · · · · · · · · · ·
19	correct?	19	that, of HR or hospitals that sort of would have calls
20	A. Correct.	20	regarding COVID and the COVID-19 policy and how to
21	Q. Okay. And still working there as Senior	21	implement things.
22	Vice-President for Human Resources?	22	Do I recall that correctly?
23	A. Yes.	23	MR. HENNESSY: Go ahead.
24	Q. Okay. And you haven't done any specific	24	THE WITNESS: Sorry. Go ahead.
25	training on evaluating exemption religious exemption	25	MR. HENNESSY: I just wanted to object to
	EXLER REPORTING		EXLER REPORTING
	412-221-4007		412-221-4007
	Pam Teufel - by Mr. Daller 7		Pam Teufel - by Mr. Daller 9
_	Pam Teufel - by Mr. Daller 7	1	Pam Teufel - by Mr. Daller 9
1	Pam Teufel - by Mr. Daller 7 requests, other than what you had previously done in	1	Pam Teufel - by Mr. Daller 9 the form.
2	Pam Teufel - by Mr. Daller 7 requests, other than what you had previously done in your education; correct?	2	Pam Teufel - by Mr. Daller 9 the form. But go ahead.
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	Pam Teufel - by Mr. Daller 10		Pam Teufel - by Mr. Daller 12
1	A. I have no knowledge of what her performance	1	And just as background, if you'll notice, this
2	was, whether that was good or bad.	2	was appealed by Main Line Health because Ms. Gray's
3	Q . Okay. You would agree that if there were	3	benefits were originally denied.
4	performance issues, those would be reflected in her	4	So the first sentence states that, "There is
5	personnel file; correct?	5	no dispute in the record, clearly as the Claimant has a
6	A. Correct.	6	sincerely-held religious objection to the vaccine."
7	Q . Okay. All right. And, to your knowledge, did	7	Do you see that?
8	Mrs. Gray apply for unemployment?	8	MR. HENNESSY: Yeah, I'm going to object
9	A. I am not aware if she applied for	9	to the form. I mean, you misrepresented the history.
10	unemployment.	10	This was based on I mean, I think the appeal was the
11	Q. Okay. Are you aware of the result of her	11	Claimant's appeal there.
12	request for unemployment?	12	But the witness has already stated that she
13	A. I'm not aware she applied, and I'm not aware	13	has no knowledge of the unemployment proceeding, so I
14	of what the results were if she did apply.	14	object to the foundation. I don't know what you're
15	Q. Okay.	15	asking the witness here.
16	MR. DALLER: Ms. Begley, if you can pull	16	MR. DALLER: Okay. So, I mean, I just
17	up the unemployment decision, appeals referee. That was	17	want to establish she is the Senior Vice-President of
18	the shorter one. I believe it has MLH-Gray 33 to 35.	18	Human Resources. I just want to make sure that she's
19	THE VIDEOGRAPHER: (Indicating).	19	aware of this as we go through.
20	BY MR. DALLER:	20	MR. HENNESSY: Well, it sounds like you're
21 22	Q. I'll give you a minute to take a look at this.	21 22	just trying to suggest something to her which isn't
23	It's three pages, Ms. Teufel, and I just kind of want to		true.
24	get on the record what's on the third page. This is the appeals referee's decision. This	23 24	BY MR. DALLER: Q. I'm asking do you agree this is what the
25	was the result of an application that was filed	25	Q. I'm asking do you agree this is what the hearing officer at the time stated?
23	EXLER REPORTING	23	EXLER REPORTING
	412-221-4007		412-221-4007
			Pam Teufel - by Mr. Daller 13
	Pam Teutel - by Mr. Daller 11		
	Pam Teufel - by Mr. Daller 11		Tam Todici - by Wil. Dalici
1	, 	1	,
1 2	November 7, 2021 and a hearing was held July 1, 2022. Okay?	1 2	A. You're showing me the unemployment response.
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2	November 7, 2021 and a hearing was held July 1, 2022. Okay?	2	A. You're showing me the unemployment response I'm reading what they wrote.
3	November 7, 2021 and a hearing was held July 1, 2022. Okay? A. (The witness reviews the document.)	2	A. You're showing me the unemployment response. I'm reading what they wrote. Q. Okay. And you see that this hearing officer
2 3 4	November 7, 2021 and a hearing was held July 1, 2022. Okay? A. (The witness reviews the document.) Q. Do you have any questions about what the	2 3 4	A. You're showing me the unemployment response. I'm reading what they wrote. Q. Okay. And you see that this hearing officer stated that she had a sincerely-held religious belief;
2 3 4 5	November 7, 2021 and a hearing was held July 1, 2022. Okay? A. (The witness reviews the document.) Q. Do you have any questions about what the document is?	2 3 4 5	A. You're showing me the unemployment response I'm reading what they wrote. Q. Okay. And you see that this hearing officer stated that she had a sincerely-held religious belief; correct?
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	Case 2:23-cv-00263-KNS Document	EUFEL	Filed 10/02/23 Page 224 of 265
	Pam Teufel - by Mr. Daller 14		Pam Teufel - by Mr. Daller 16
1	So moving off of the unemployment issue, you	1	A. Well, we all opined on everything, but if
2	had no role in her, Mrs. Gray's, initial religious	2	somebody had a question about a certain religion, we
3	exemption request; correct?	3	would tend to ask Brian.
4	A. Correct.	4	Q. Okay. Would you ever like say, "Well, we'll
5	Q. Okay. So and I think we've talked about	5	table the decision for today and come back to it because
6	that you did not sit on the initial exemption committee.	6	we need information from," maybe, one of your chaplains
7	Do you have any knowledge of who made the	7	or something like that?
8	decision in Mrs. Gray's case, what group of	8	A. I don't recall that.
9	representatives on the committee met that day when they	9	Q. Okay. And, now, obviously you knew that her
10	denied her request?	10	question had been denied because it came before your
11	A. Are you referring to the first submission or	11	committee; correct?
12	the appeal?	12	A. Correct.
13	Q. The first submission.	13	Q. Okay. Did you know the reason that it was
14	A. I am aware of the membership of the committee,		denied?
15	the first committee.	15	A. We were not given a reason.
16	Q. Of the committee total or the committee that	16	Q. Okay. And so when you did your review, you
17	actually was present when Ms. Gray's particular	17	basically looked at what?
18	exemption request was decided?	18	What materials did you look at?
19	A. I don't know who was sitting in the room that	19	A. We looked at the appeal and any documentation
20	day.	20	that was submitted with the appeal.
21	Q. Okay. All right. So you have no knowledge as	21	Q. Mm-hmm.
22	to who might have said what that particular day;	22	A. And then we had the opportunity to review the
23	correct?	23	original submission and if there were any materials that
24	A. Correct. I was not in the room.	24	were submitted with that submission.
25		25	
25	Q. Okay. But you were a member of the appeal	25	Q. Okay. Do you recall if Greg Papa was present
	EXLER REPORTING		EXLER REPORTING
	412-221-4007 Pam Teufel - by Mr. Daller 15		412-221-4007 Pam Teufel - by Mr. Daller 17
	Failt Teulet - by Mr. Dallet 15		Tani Touloi - by Wil. Dalloi
1		1	,
1	committee; correct?	1 2	during the consideration of Mrs. Gray's request?
2	committee; correct? A. Yes.	2	during the consideration of Mrs. Gray's request? A. I don't recall Greg Papa being there.
3	committee; correct? A. Yes. Q. Okay. And all the members of the appeal	3	during the consideration of Mrs. Gray's request? A. I don't recall Greg Papa being there. Q. Okay. Do you recall anyone from Human
2 3 4	committee; correct? A. Yes. Q. Okay. And all the members of the appeal committee were always present to review each appeal	2 3 4	during the consideration of Mrs. Gray's request? A. I don't recall Greg Papa being there. Q. Okay. Do you recall anyone from Human Resources being present, other than yourself, obviously?
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	Pam Teufel - by Mr. Daller 18		Pam Teufel - by Mr. Daller 20
1	Is that something that an institution or an	1	something expressed within it was, quote, "bad science"
2	organization should have?	2	at all?
3	A. I don't know.	3	MR. HENNESSY: Objection to form.
4	Q. Okay. Does Main Line Health have any	4	THE WITNESS: Do I remember if someone
5	personnel policies that require documentation of	5	said that the reason we were declining it was for bad
6	personnel actions and personnel files?	6	science?
7	A. We have a personnel file policy, and we have a	7	Is that the question?
8	performance management policy.	8	BY MR. DALLER:
9	Q. Okay. So you have a file policy. What was	9	Q. Correct.
10	the second one?	10	A. I do believe we used those words, yes.
11	A. Performance management.	11	Q. Okay. And who would be was that sort of
12	Q . Performance management policy, okay.	12	like everybody said, "Oh, this is bad science," or was
13	Okay. And, to your knowledge or belief, were	13	it one particular member of the committee that would
14	the policies followed in Mrs. Gray's case?	14	sort of give guidance to the committee and say, you
15	A. Yes.	15	know, that "this science doesn't make sense"?
16	Q. Okay. So since you testified before that you	16	MR. HENNESSY: Objection to form.
17	weren't that there's no policy in terms of the	17	THE WITNESS: We had a chief medical
18	documentation, then if the if it was followed, then	18	officer and a doctor of nursing person in the room. So
19	Main Line Health did not document anything; correct?	19	if there was anything scientific, we would certainly ask
20	A. So we have a COVID-19 policy for vaccines that	20	for their opinion.
21	stated what employees had to do to comply with the	21	BY MR. DALLER:
22	policy get the vaccine or file a religious or a	22	Q. Okay. And if, say, the chief medical officer,
23	medical exemption and we responded, to every employee	23	for example stated, "Oh, this is bad science," that
24	that filed an exemption, with documentation.	24	would be sufficient for the group then to make the
25	Q. That basically said your request was accepted	25	decision that you would deny an appeal; is that correct?
	EXLER REPORTING		EXLER REPORTING
	412-221-4007		412-221-4007
		_	
	Pam Teufel - by Mr. Daller 19		Pam Teufel - by Mr. Daller 21
	Pam Teufel - by Mr. Daller 19		Pam Teufel - by Mr. Daller 21
1	·	1	Pam Teufel - by Mr. Daller 21 MR. HENNESSY: Objection.
1 2		1 2	,
_	or denied; correct?		MR. HENNESSY: Objection.
2	or denied; correct? A. Correct.	2	MR. HENNESSY: Objection. BY MR. DALLER:
3	or denied; correct? A. Correct. Q. Okay. But the basis of the denial, if that	2	MR. HENNESSY: Objection. BY MR. DALLER: Q. You can answer.
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	Pam Teufel - by Mr. Daller 22		Pam Teufel - by Mr. Daller 24
1	that a person had a sincerely-held religious belief?	1	BY MR. DALLER:
2	A. I don't recall.	2	Q. I believe there's a total of seven pages
3	Q . Okay. As you sit here today, do you believe	3	that's in there. For descriptive purposes, Ms. Teufel,
4	that that could be possible; that you would still say	4	I believe that what Ms. Gray did was she handwrote
5	that, "Oh, somebody has a sincerely-held religious	5	what's on the answers to the questions in the form that
6	belief," even though the chief medical officer stated,	6	Main Line used, and then I believe she also typed up the
7	"This is bad science"?	7	answers verbatim just to make sure that they were
8	MR. HENNESSY: Objection.	8	legible. Okay? And I think that page has references to
9	THE WITNESS: Again, it's hard to	9 10	Questions 1, 3, 5 and 7 on them.
10 11	hypothesize about it.	11	Do you have a preference as to which document
12	BY MR. DALLER:	12	we look at, as to what she wrote, or would you profer
13	Q. Okay. Well, unfortunately, since you have	13	the specifics of what she wrote, or would you prefer
14	little recollection of what happened then, that's kind of the only way I can get to what your opinion might be	14	looking at a typed one? A. If it's just relating to her answer, it's
15	because I'm sure you would have an opinion, as we sit	15	easier to look at the typed one.
16	here today. Okay?	16	Q. Okay. All right.
17	So that's why I'm asking those questions.	17	MR. DALLER: Ms. Begley, if you could pull
18	MR. HENNESSY: I'm going to clarify that.	18	up then that page. At the top of it, it says Page 25 of
19	She's not being offered as an expert witness. She's	19	38. I believe it was an exhibit that we had filed. I'm
20	being offered as a lay witness but	20	not sure if you included it in the there we go. All
21	MR. DALLER: Correct, but she's also being	21	right. Perfect.
22	offered she's a fact witness as to what happened	22	BY MR. DALLER:
23	during the deliberations, and if a statement was made	23	Q. All right. So we'll start with this one, and
24	about science, I need to understand how that influenced	24	then if we need to go back to the other one, you know,
25	her decisionmaking.	25	we can certainly do that.
	EXLER REPORTING		EXLER REPORTING
	412-221-4007		412-221-4007
	Pam Teufel - by Mr. Daller 23		Pam Teufel - by Mr. Daller 25
1	MR HENNESSY: If she has a recollection	1	So Question 1 was about providing a personal
1 2	MR. HENNESSY: If she has a recollection. If it's just we're asking hypotheticals, you know, you	1 2	So Question 1 was about providing a personal
1 2 3	If it's just we're asking hypotheticals, you know, you	1 2 3	statement detailing the sincerely-held religious beliefs
2	If it's just we're asking hypotheticals, you know, you know that those are not admissible or relevant.	2	statement detailing the sincerely-held religious beliefs that a person has why they can't take the vaccine.
2	If it's just we're asking hypotheticals, you know, you know that those are not admissible or relevant. So I'm giving you some leeway but	2 3	statement detailing the sincerely-held religious beliefs that a person has why they can't take the vaccine. Do you agree that that was the question,
2 3 4	If it's just we're asking hypotheticals, you know, you know that those are not admissible or relevant.	2 3 4	statement detailing the sincerely-held religious beliefs that a person has why they can't take the vaccine.
2 3 4 5	If it's just we're asking hypotheticals, you know, you know that those are not admissible or relevant. So I'm giving you some leeway but MR. DALLER: And, also, not only does she	2 3 4 5	statement detailing the sincerely-held religious beliefs that a person has why they can't take the vaccine. Do you agree that that was the question, Ms. Teufel, essentially?
2 3 4 5 6	If it's just we're asking hypotheticals, you know, you know that those are not admissible or relevant. So I'm giving you some leeway but MR. DALLER: And, also, not only does she have no recollection, Main Line has no documentation of	2 3 4 5 6	statement detailing the sincerely-held religious beliefs that a person has why they can't take the vaccine. Do you agree that that was the question, Ms. Teufel, essentially? A. Yes.
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	Pam Teufel - by Mr. Daller 26	1	Pam Teufel - by Mr. Daller 28
1	A. That's what it looks like.	1	states that God would allow it to happen through natural
2	Q. Okay. And she referenced trying to conceive	2	means; correct?
3	children; correct?	3	A. That's what she wrote.
4	A. Yes.	4	Q. And then she actually goes and provides a
5	Q . Okay. And she talked about the options for	5	quote from Psalms that kind of formulated the religious
6	that in terms of fertility options; correct?	6	belief system, as she stated; is that correct?
7	A. Yes.	7	MR. HENNESSY: Objection to form.
8	Q. Okay. And she described sort of some of the	8	BY MR. DALLER:
9	medical issues in terms of the structural hormonal	9	Q. You see the quote from Psalms; correct?
10	issue; correct?	10	A. I see what she wrote.
11	A. Yes.	11	Q. Okay. Do you doubt do you disagree with
12	Q . And then she did say that they tried some, as	12	the statement as being accurate from the Book of Psalms?
13	she described them, "low-tech options"; correct?	13	A. I don't know. I'm not a Bible expert.
14	A. Yes.	14	Q . Okay.
15	Q. Okay. And then she went on to talk about how,	15	A. I don't have a Bible in front of me.
16	when the other fertility options were presented, her and	16	Q. Okay. And you don't recall whether or not the
17	her husband prayerfully considered them and concluded	17	committee looked at this at all, correct, at the time of
18	that their faith and personal beliefs did not allow them	18	the decision?
19	to take further steps.	19	A. Well, again, as I stated, I read everything
20	Do you see that?	20	that was put in front of me.
21 22	A. Yes.	21 22	Q. Okay.A. Whatever it is.
23	Q. Okay. And you would agree that that is a personal statement; correct?	23	Q. Okay. You did no independent research
24	A. That looks like her personal statement.	24	yourself to determine any contextual nature of the Book
25	Q. Okay. And it's based upon her faith; correct?	25	of Psalms 139, Verses 13 to 16; correct?
23	EXLER REPORTING	23	EXLER REPORTING
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	Pam Teufel - by Mr. Daller 27		Pam Teufel - by Mr. Daller 29
	Pam Teufel - by Mr. Daller 27		Pam Teufel - by Mr. Daller 29
1	Pam Teufel - by Mr. Daller 27 — — — — — MR. HENNESSY: Objection.	1	Pam Teufel - by Mr. Daller 29 A. Correct.
1 2		1 2	
	MR. HENNESSY: Objection.	_	A. Correct.
2	MR. HENNESSY: Objection. THE WITNESS: She's saying she prayed	2	A. Correct. Q. Okay. And then in the next sentence after she
3	MR. HENNESSY: Objection. THE WITNESS: She's saying she prayed about it, and because of her faith, they made that	3	A. Correct. Q. Okay. And then in the next sentence after she just quoted the Book of Psalms, she said, "This is the
2 3 4	MR. HENNESSY: Objection. THE WITNESS: She's saying she prayed about it, and because of her faith, they made that decision.	2 3 4	A. Correct. Q. Okay. And then in the next sentence after she just quoted the Book of Psalms, she said, "This is the same belief system that guides my objections to the
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	Pam Teufel - by Mr. Daller 30		Pam Teufel - by Mr. Daller 32
1	Is that correct?	1	IVF treatments and it's her religious belief that she is
2	A. That's what she wrote.	2	not going to take the COVID vaccine, other than that, do
3	Q. Okay. Did anybody say that that statement	3	you see any or do you have any opinion as to their
4	about genetic components was bad science?	4	relationship, at all, or do you think they're just
5	A. I don't recall.	5	totally unrelated?
6	Q . You don't recall. Okay. All right.	6	MR. HENNESSY: Objection.
7	And based upon her answer to that question, at	7	THE WITNESS: I don't know.
8	that point did you have an opinion as to whether or not	8	BY MR. DALLER:
9	she was expressing a sincerely-held religious belief why	9	Q. You don't know. Okay.
10	she could not take the COVID vaccine?	10	Do you think you knew at the time?
11	MR. HENNESSY: Objection.	11	A. I don't know.
12	THE WITNESS: I don't recall.	12	Q. Okay. If you didn't know at the time, would
13	BY MR. DALLER:	13	you believe that you should have asked her?
14		14	
	Q. You don't recall.		A. No.
15	As you sit here today, can you express your	15	Q. Why?
16	opinion?	16	A. Because we gave every employee the opportun
17	A. I take the whole application as part of how I	17	to write as much as they wanted to about why they had a
18	came to my conclusion. So I just would not have just	18	sincerely-held religious belief that prohibited them
19	read the first question. I would have continued	19	from getting the COVID vaccine.
20	reading.	20	Q. Okay. And because she did that and the fact
21	Q. Okay. Fair enough.	21	that you and the other members of the committee could
22	Up to this point I mean, I think everybody,	22	not understand that, you decided that she just doesn't
23	when they read a document, right, makes a decision?	23	have a sincerely-held religious belief; is that correct?
24	They come to a point, as they're reviewing it, where	24	MR. HENNESSY: Objection.
25	they say, "Okay, this is what I'm thinking now." Okay?	25	THE WITNESS: You're assuming we didn't
	EXLER REPORTING		EXLER REPORTING
	412-221-4007		412-221-4007
	Pam Teufel - by Mr. Daller 31		Pam Teufel - by Mr. Daller 33
1	And that's kind of what I'm asking.	1	understand.
2	What are you thinking now, as you read the	2	BY MR. DALLER:
3	answer to Question 1	3	Q. Well, I mean, do you understand it today?
4	MR. HENNESSY: Objection.	4	I mean, have you told me everything that you
5	BY MR. DALLER:	5	understand about this paragraph?
6	Q that she has a sincerely-held religious	6	A. I think I have told you everything I think I
7	belief, or do you believe that you're leaning towards no	7	understand about that paragraph.
8	because of something you've read within this document?	8	Q. Okay. And you don't believe that there's any
9	MR. HENNESSY: Objection.	9	other possible understanding, other than what you've
10	BY MR. DALLER:	10	expressed today; is that correct?
11		11	A. I don't know how to answer that question.
12	Q. You can continue.	1	
	A. So I am thinking she's gotten vaccines her	12	Q. Well, do you have any other understanding of
13	A. So I am thinking she's gotten vaccines her whole life and now she doesn't want to get a vaccine.	13	the meaning of this paragraph?
13 14	A. So I am thinking she's gotten vaccines her whole life and now she doesn't want to get a vaccine. Q. Okay. Do you make any connection between the	13 14	the meaning of this paragraph? MR. HENNESSY: Objection.
13 14 15	A. So I am thinking she's gotten vaccines her whole life and now she doesn't want to get a vaccine. Q. Okay. Do you make any connection between the fertility treatments and the vaccine?	13 14 15	the meaning of this paragraph? MR. HENNESSY: Objection. BY MR. DALLER:
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13 14 15 16 17	A. So I am thinking she's gotten vaccines her whole life and now she doesn't want to get a vaccine. Q. Okay. Do you make any connection between the fertility treatments and the vaccine? A. I mean, it's a choice she made. So certainly that is part of the consideration.	13 14 15 16 17	the meaning of this paragraph? MR. HENNESSY: Objection. BY MR. DALLER: Q. You can answer. A. I don't know.
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Whether Measuringer RIA is part of the genetic system? 2		Case 2:23-cv-00263-KNS Document	EUFEL	Filed 10/02/23 Page 229 of 265	
2 A. What do you mean by a "genetic system"? 3 G. A. Arthing that has to do with inheritance, 4 genes, anything like that. 5 A. I don't know. 6 G. Okay, Looking at the answer to Question 7 No. 4, which was if Ms. Gray had ever applied for a 8 religious exemption, requested anything before, clary, 9 she answered no. 10 And then her answer on the typed page there, 11 if you'd just take a minute to look at that. 12 THE VIDEOGRAPHER: Did you say Question 4. 13 A. Do ALLER: Correct. Page 4, Question 5. 14 Tapologize, 15 THE VIDEOGRAPHER: Okay. No problem. 16 THE WITEORSS: Okay. 17 BY MR. DALLER: 18 Q. She stated that she did not because of, she 19 said, 'the gradousness of her colleagues,' but gave 20 examples of how they've switched assignments. 21 Do you see that? 22 A. Ves. 23 Q. Okay. And was this explanation something that was asso persible to you in terms of the fact that she had not previously requested a religious exemption? 24 A. For me, this was a mix. Obviously, it had to be very emotional to care for asmeone who may have had a simicarriage but it didn't — I wasn't surprised that she had a didn't officially sak for it, how she stated it that she had a didn't officially sak for it, how she stated it that she had a didn't explain that a she had a gracious colleagues." 4 A. For me, this was a mix. Obviously, it had to be very emotional to care for asmeone who may have had a simicarriage but it didn't — I wasn't surprised that she had a didn't explain that it would have helped if she had a more representation to the contravy to doubt that? 5 had "gracious colleagues." 5 Q. Okay. So, So, again, did this statement influence 7 your opinion as to whether or not she had a sincerely- 19 A. I think it was also emotional and not — she's saying it's religious, but there's obviously high emotion there, to a commonly know that she with the collaboration that a commonly known as an induced abortion; 19 correct? 20 A. I guess that could be referred to that. Q. Do you see a connection between fertiliny and Q. Do you see a		Pam Teufel - by Mr. Daller 34		Pam Teufel - by Mr. Daller	36
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8 religious exemption, requested anything before, okay, 9 she answered not. 10 And then her answer on the typed page there, 11 if you'd just take a minute to look at that. 12 THE VIDEOGRAPHER: 10 you say Question 47 13 MR. DALLER: Orrect. Page 4, Question 5. 14 I applogize. 15 THE VIDEOGRAPHER: Okay. No problem. 16 THE WITNESS: Okay. 17 BYMR. DALLER: 18 Q. She stated that she did not because of, she 19 said, "the graciousness of her colleagues," but gave 19 said, "the graciousness of her colleagues," but gave 20 examples of how they've switched assignments. 21 Do you see that? 22 A. Yes. 23 Q. Okay. And was this explanation something that 24 was acceptable to you in terms of the fact that she had 25 not previously requested a religious exemption? 25 ENER EREPORTING 26 Q. Okay. So, again, did this statement influence 27 your opinion as to whether or not she had a sincerely- 28 held religious, but there's obviously high emotion there, 29 Cand do you knew what Plan B is? 20 Candod you knew what Plan B is? 31 Candod you knew what Plan B is? 42 Candod you knew what Plan B is? 53 Candod you knew what Plan B is? 54 A. I do. 55 A. I do. 66 C. Okay. So, again, did this statement influence 75 your opinion as to whether or not she had a sincerely- 86 Pan Teeld-I have be leped if she had 187 Candod you knew what Plan B is? 188 CM. Pan Teeld-I have beinged it she had 189 Candod you knew what Plan B is? 199 Candod you knew what Plan B is? 200 Candod you knew what Plan B is? 310 Candod you knew what Plan B is? 311 Candod you say "connection," what 31 Connect? 312 Plan B? 313 Candod you say "connection," what 314 Candod you say see a connection between fertility and 412:221-4007 412:221-4007 412:221-4007 412:221-4007 412:221-4007 413:221-4007 414:221-407 415:221-407 416:221-407 417:221-407 418:221-407 418:221-407 418:221-407 419:221-407 419:221-407 419:221-407 410:221-407 410:221-407 410:221-407 410:221-407 410:221-407 410:221-407 410:221-407 410:221-407 410:221-407 410:221-407 410:221-407 410:221-407 410:221-407 410:22	6	Q . Okay. Looking at the answer to Question	6	A. I don't know.	
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11 if you'd just take a minute to look at that. 12		she answered no.	_		
12 THE VIDEOGRAPHER: Did you say Question 42 1 3 She belonged to a specific religion, and her response, she's a nondenominational Christian. Okay? 14 1 1 1 1 1 1 1 1		And then her answer on the typed page there,	10	Question 6 and there's no corresponding	
MR. DALLER: Correct. Page 4, Question 5. 13 14 1 1 1 1 1 1 1 1			11		
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THE VIDEOGRAPHER: Okay. No problem. THE VITENESS: Okay. 8 MR. DALLER: 17 Symr. DALLER: 18 Q. She stated that she did not because of, she said, "the graciousness of her colleagues," but gave 20 examples of how they've switched assignments. 21 Do you see that? 22 A Yes. 23 Q. Okay. And was this explanation something that 24 was acceptable to you in terms of the fact that she had 25 not previously requested a religious exemption? 26 EXER REPORTING 27 Pam Teufel - by Mr. Daller 28 be very emotional to care for someone who may have had a 29 more previously requested a religious exemption? 29 Pam Teufel - by Mr. Daller 20 be very emotional to care for someone who may have had a 20 more previously requested a religious exemption? 21 A. For me, this was a mix. Obviously, it had to 22 be very emotional to care for someone who may have had a 23 miscarriage but it didn't - I wasn't surprised that she 4 didn't officially ask for it, how she stated it that she 4 didn't officially ask for it, how she stated it that she 4 didn't officially ask for it, how she stated it that she 5 had "gracious colleagues." 5 (a Q. Okay. So, again, idi this statement influence 6 (a Q. Okay. So, again, idi this statement influence 7 your opinion as to whether or not she had a sincerely- 8 held religious belief? 9 A. I think it would have helped if she had 10 requested a religious commodation. But, again, I 11 think it was also emotional and not - she's saying it's 12 religious, but there's obviously high emotion there, 13 too, as to why she couldn't care for those patients. 14 Q. And do you know what Plan B is? 25 A. I't's a drug that would terminate a fetus. 26 Q. Okay. And when she also indicated when she 27 Q. Oway. And when she also indicated when she 28 Q. Oway. And when she also indicated when she 29 Cornect? 29 Q. Do you see a spiritual connection between fertility and 20 Q. Oway. And when she also indicated when she 21 Q. Oway. And when she also indicated when she 22 Q. Oway. And when she also indicated when she 23 A. When you say "co		MR. DALLER: Correct. Page 4, Question 5.		she belonged to a specific religion, and her response,	
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22 A. Yes. 23 Q. Okay. And was this explanation something that 24 was acceptable to you in terms of the fact that she had 25 not previously requested a religious exemption? EXLER REPORTING 412-221-4007 Pam Teufel - by Mr. Daller A. For me, this was a mix. Obviously, it had to be very emotional to care for someone who may have had a didn't officially ask for it, how she stated it that she didn't officially ask for it, how she stated it that she didn't officially ask for it, how she stated it that she had "gracious colleagues." A Use that she wrote that, yes. Q. Okay. So, again, did this statement influence your opinion as to whether or not she had a sincerely- held religious belief? A. I think it was also emotional and not she's saying it's religious, but there's obviously high emotion there, too, as to why she couldn't care for those patients. Q. And do you know what Plan B is? A. I do. Q. And can you tell me what Plan B is? A. I do and o you know what Plan B is? A. I guess that could be referred to that. Q. Do you see a connection between fertility and the plan B is? A. I guess that could be referred to that. Q. Do you see a spiritual connection, what Q. Do you see a spiritual connection, what EXLER REPORTING 412-221-4007 Pam Teufel - by Mr. Daller 37 Pam Teufel - by Mr. Daller 37 Pam Teufel - by Mr. Daller 38 A. I see that she wrote that, yes. 4 A. No. That's what she wrote. 5 Q. Okay. Do you have any disagreement or reason to the contrary to doubt that? 4 A. No. That's what she wrote. 5 Q. Okay. And when did she first start practicing the contrary to doubt that? 4 A. No. That's what she wrote. 5 Q. Okay. And when did she first start practicing the contrary to doubt that? 4 A. No. That's a paplied for an exemption when? 11 In? 12 A. I she that she wrote that, yes. 6 Q. Okay. And when did she first start practicing the contrary to doubt that? 9 A. No. 10 Q. Okay. And when did she first start practicing the contrary to doubt that? 11 In? 12 A. I do. Q. Okay				· · · · · · · · · · · · · · · · · · ·	
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10 of 25 cheets Page 24.to 27 of 97 00/01/2022 10:21:10 AM	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	be very emotional to care for someone who may have had a miscarriage but it didn't I wasn't surprised that she didn't officially ask for it, how she stated it that she had "gracious colleagues." Q. Okay. So, again, did this statement influence your opinion as to whether or not she had a sincerely-held religious belief? A. I think it would have helped if she had requested a religious accommodation. But, again, I think it was also emotional and not she's saying it's religious, but there's obviously high emotion there, too, as to why she couldn't care for those patients. Q. And do you know what Plan B is? A. I do. Q. And can you tell me what Plan B is? A. It's a drug that would terminate a fetus. Q. Commonly known as an induced abortion; correct? A. I guess that could be referred to that. Q. Do you see a connection between fertility and Plan B? A. When you say "connection," what Q. Do you see a spiritual connection between the two? EXLER REPORTING	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Q. Okay. Do you have any disagreement or reason to the contrary to doubt that? A. No. That's what she wrote. Q. Okay. And when did she first start practicing this religion? A. She wrote 1970. Q. Okay. Any reason to disagree with that? A. No. Q. Okay. And she applied for an exemption when? In? A. I'd have to look at the date on her application. Q. Just year. A. Oh. 2021. Q. Okay. And then she also indicated when she first started her affiliation, if you will, saying "I'm a nondenominational Christian." What year was that? A. What was your question? I'm sorry. Q. What year did she start to become affiliated with the nondenominational Christian movement? A. It says her current church is 1998. Q. Okay. That's a period of what? Twenty-two years or something like that? Twenty-one years? EXLER REPORTING	

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		Pam Teufel - by Mr. Daller 38		Pam Teufel - by Mr. Daller 40
1		Is that correct?	1	COVID vaccine, there was no Messenger RNA vaccine that
2	A.	Yes.	2	was available on the market. That is a correct
3	Q.	Is that a long-standing belief?	3	statement.
4	A.	It's a long-standing affiliation with the	4	MR. HENNESSY: Objection.
5	church	or religion.	5	BY MR. DALLER:
6	Q.	Okay. And in her answer to Question 1, she	6	Q. Do you believe that someone can have a belief
7	said they	had been trying for years to get pregnant.	7	system, however, that would lead to their conclusion not
8		So you would agree that she's had these	8	to take the COVID vaccine, 19 vaccine, and that belief
9	beliefs fo	or at least several years, correct, if not	9	system can predate the creation of the COVID-19 vaccine?
10	longer?		10	A. It could because there are employees that have
11	A.	Her beliefs just about religion or not using	11	not gotten any vaccines and have consistently applied
12	hormon	es?	12	for a religious exemption for years.
13	Q.	Well, in Question 1 she was referring to	13	Q. Okay. Okay. And do you know what that belief
14	hormone	es specifically.	14	is based upon?
15		MR. HENNESSY: Objection.	15	A. I don't recall.
16		THE WITNESS: Yeah. I mean, I can't say	16	Q. Okay. If someone's belief is that, as she,
17	when he	r beliefs about hormones specifically came to be.	17	you know, explained in Question 1 and some of the other
18	BY MR. [DALLER:	18	places and we'll certainly get to her appeal
19	Q.	Mm-hmm, okay. But in general, her belief	19	request if their belief is based upon the perfectness
20	system,	you would agree, is longstanding; correct?	20	of the creation of God and how something about the
21		MR. HENNESSY: Objection.	21	vaccine can alter that in this particular case, is that
22		THE WITNESS: I mean, it's a little vague.	22	necessarily the same argument as those who say "I can't
23	Her belie	of system about injecting things into her body?	23	take any vaccine"?
24		prmones?	24	MR. HENNESSY: Objection.
25	BY MR. [DALLER:	25	THE WITNESS: Yeah, I don't recall those.
		EXLER REPORTING		EXLER REPORTING
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			-	
		Pam Teufel - by Mr. Daller 39		Pam Teufel - by Mr. Daller 41
		Pam Teufel - by Mr. Daller 39		Pam Teufel - by Mr. Daller 41
1	Q.	Pam Teufel - by Mr. Daller 39 Mm-hmm, okay.	1	Pam Teufel - by Mr. Daller 41 BY MR. DALLER:
1 2	Q. A.		1 2	
1 2 3		 Mm-hmm, okay.		BY MR. DALLER:
2	A.	Mm-hmm, okay. Being it's only been around since 2020.	2	BY MR. DALLER: Q. Mm-hmm, okay.
3	A. Q. A.	Mm-hmm, okay. Being it's only been around since 2020. I'm sorry?	3	BY MR. DALLER: Q. Mm-hmm, okay. MR. DALLER: If we can go back to the
2 3 4	A. Q. A.	Mm-hmm, okay. Being it's only been around since 2020. I'm sorry? The COVID vaccine was first released at the	2 3 4	BY MR. DALLER: Q. Mm-hmm, okay. MR. DALLER: If we can go back to the typed written page, Page 4, Question 7, please.
2 3 4 5	A. Q. A. end of 2 Q.	Mm-hmm, okay. Being it's only been around since 2020. I'm sorry? The COVID vaccine was first released at the 2020, so it has not been around for very long.	2 3 4 5	BY MR. DALLER: Q. Mm-hmm, okay. MR. DALLER: If we can go back to the typed written page, Page 4, Question 7, please. THE VIDEOGRAPHER: (Indicating).
2 3 4 5 6	A. Q. A. end of 2 Q. to take -	Mm-hmm, okay. Being it's only been around since 2020. I'm sorry? The COVID vaccine was first released at the 2020, so it has not been around for very long. Okay. So are you saying that the belief not	2 3 4 5 6	BY MR. DALLER: Q. Mm-hmm, okay. MR. DALLER: If we can go back to the typed written page, Page 4, Question 7, please. THE VIDEOGRAPHER: (Indicating). BY MR. DALLER:
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	Pam Teufel - by Mr. Daller 42		Pam Teufel - by Mr. Daller 44
1	Q. Now, after going through her religious	1	a religious exemption for any prior vaccine, never asked
2	exemption request, can you tell me today, as you sit	2	for an exemption to care for patients. All of that
3	here, what your opinion is about the sincerity of her	3	likely would have been considered.
4	religious belief?	4	Q. And the fact that it was, quote, "bad
5	MR. HENNESSY: Objection.	5	science," you're relying on the chief medical officer
6	THE WITNESS: I think I've stated before	_	
_		6	and the chief nursing officer's opinion as to that;
7	that I didn't put a level of sincerity on people's	7	correct?
8	applications. I read what they wrote. I put that on	8	A. Correct. And me.
9	face value that that is what they believed.	9	Q. Uh-huh, okay. And you do not have any other
10	BY MR. DALLER:	10	understanding of her of Ms. Gray's exemption
11	Q. Okay. Do you believe she expressed a reason	11	request, other than what you have stated today; correct?
12	why she could not take the COVID vaccine?	12	MR. HENNESSY: Objection. Are you asking
13	MR. HENNESSY: Objection. You're asking	13	her as of now or as of then?
14	her for her opinion, sitting here now, after reviewing	14	BY MR. DALLER:
15	these portions of the exemption application?	15	Q. Well, let's start with now.
16	I just want to clarify.	16	A. Yeah. As I'm saying to you, this is what I'm
17	MR. DALLER: I'm asking her, as she sits	17	thinking we were thinking back then, as I re-read it for
18	here today, what her opinion is, correct.	18	the first time in almost two years.
19	MR. HENNESSY: All right. I'm going to	19	Q. Okay. So you believe that that was the basis
			· · · · ·
20	object to foundation.	20	for your decision back then, as well?
21	Again, she's testified she doesn't remember	21	MR. HENNESSY: Objection.
22	what her decision was, and she's not being offered as an	22	THE WITNESS: Yeah. I'm guessing that
23	expert but as a fact witness. So this is all irrelevant	23	that was part of my thought, as I would have considered
24	and inadmissible.	24	this request.
25	MR. DALLER: No, it's actually quite	25	BY MR. DALLER:
	EXLER REPORTING		EXLER REPORTING
	412-221-4007		412-221-4007
			D T (1 M D
	Pam Teufel - by Mr. Daller 43		Pam Teufel - by Mr. Daller 45
	Pam Teufel - by Mr. Daller 43		Pam Teufel - by Mr. Daller 45
1	Pam Teufel - by Mr. Daller 43 relevant because I am sure that her opinion, as she sits	1	Pam Teufel - by Mr. Daller 45 Q. Okay. And is it necessary to have a letter
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l _	relevant because I am sure that her opinion, as she sits	1 2 3	Q. Okay. And is it necessary to have a letter
2	relevant because I am sure that her opinion, as she sits here today, if she doesn't have one, then I'm not quite		Q. Okay. And is it necessary to have a letter from a pastor?
2 3	relevant because I am sure that her opinion, as she sits here today, if she doesn't have one, then I'm not quite sure how she could have had an opinion a year and a half	3	Q. Okay. And is it necessary to have a letter from a pastor? A. We gave employees an option to do it. Not
2 3 4	relevant because I am sure that her opinion, as she sits here today, if she doesn't have one, then I'm not quite sure how she could have had an opinion a year and a half ago when she considered something that she, as we go through this, it's clear	3 4	Q. Okay. And is it necessary to have a letter from a pastor? A. We gave employees an option to do it. Not every employee did.
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	Pam Teufel - by Mr. Daller 46		Pam Teufel - by Mr. Daller 48
1	A. My opinion is that he's restating that she	1	different conversation.
2	believes the science of the vaccine is going to alter	2	BY MR. DALLER:
3	her.	3	Q . Okay.
4	Q. And what does he say in the last paragraph?	4	A. And, likely, we would not have mandated a
5	A. He wrote that, "Her position on vaccines is	5	vaccine. But maybe we would have. I don't know.
6	consistent with prior decisions she's made."	6	Q. Okay. If there was evidence that
7	Q. Now, does fertility have anything to do with	7	Dr. Stallkamp did not consider in his conclusion, do you
8	vaccines?	8	believe then that your decision may have been different?
9	A. I don't know.	9	MR. HENNESSY: Objection.
10	Q. Okay. Would that be important for you to	10	THE WITNESS: Yeah, I'm confused on your
11	understand if there's a relationship between the two, as	11	first part of the question. I don't know what you're
12		12	
13	you evaluate her request? A. No.	13	saying. BY MR. DALLER:
14	Q. That wouldn't be?	14	Q. You're saying that you listened to
15	Can you explain why, please?	15	Dr. Stallkamp because he's the expert; correct?
16	A. I'm not evaluating whether or not she chose to	16	A. Correct.
17	use IVF or not or hormones.	17	Q. Okay. And as the expert, you would expect him
18	Q. No. You're evaluating her belief; correct?	18	to review the available material at the time; correct?
19	MR. HENNESSY: Objection.	19	A. Correct.
20	THE WITNESS: We're evaluating if she had	20	Q. Okay. And if he failed to adequately consider
21	a longstanding religiously-held belief that would	21	the available material, then he would have fell short of
22	prohibit her from getting the COVID-19 vaccine.	22	his obligation; correct?
23	BY MR. DALLER:	23	A. I don't like to phrase it that way, but that's
24	Q . Okay. So if her pastor states that her	24	how you're taking it.
25	position on the vaccine, which he even put in quotes,	25	I mean, he's a chief medical officer. He's a
	EXLER REPORTING		EXLER REPORTING
	412-221-4007		412-221-4007
	Pam Teufel - by Mr. Daller 47		Pam Teufel - by Mr. Daller 49
	Tam realer by W. Baller		Tam realer by Wil. Baller
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	Pam Teufel - by Mr. Daller 50		Pam Teufel - by Mr. Daller 52
1	opinion; correct?	1	of the Holy Spirit is in the Christian's body"; correct?
2	A. Whenever an application talks about science,	2	A. That's what she wrote.
3	we did look to Dr. Stallkamp.	3	Q. Okay. And she references her previously-
4	Q . Okay.	4	submitted exemption request; correct?
5	A. We did not look to him to be the expert on	5	A. Yes.
6	religion.	6	Q. Okay. And do you see the connection between
7	Q . Okay.	7	the two?
8	MR. DALLER: All right. If we can look at	8	A. Connection between the two what?
9	the appeal request it kind of follows title and	9	Q. Well, the statement that she made that her
10	then on the top it says Page 30 of 38.	10	"body is a temple of the Holy Spirit that resides"
11	THE VIDEOGRAPHER: (Indicating).	11	she's a Christian and the Holy Spirit resides in her
12	BY MR. DALLER:	12	body.
13	Q. If you can take a minute to review this,	13	,
14	please, Ms. Teufel?	14	
15	THE WITNESS: Can you make it bigger?	15	Q. Okay. And did she say anything at all like
16	THE VIDEOGRAPHER: (Indicating).	16	that in her original request?
17	THE WITNESS: Thank you.	17	A. She did say her body is a temple in the
18	THE VIDEOGRAPHER: You're welcome.	18	original request.
19	(The witness reviews the document.)	19	Q. And do you have any reason to doubt her
20	THE WITNESS: Okay.	20	statement or that it's not her belief?
21	BY MR. DALLER:	21	A. No.
22	Q. Okay. So this is the e-mail that Ms. Gray	22	Q. Okay. And you see that she's "fearfully and
23	submitted for her appeal; correct?	23	wonderfully made by God"; correct?
24	A. Yes.	24	A. I read that, yep.
25	Q. Okay. All right. And in the first paragraph	25	Q. Okay. And then she says, "I consider that it
	EXLER REPORTING 412-221-4007		EXLER REPORTING 412-221-4007
	412-221-4007		412-221-4007
	Pam Toufel - by Mr. Daller 51		Pam Taufal - by Mr. Daller 53
	Pam Teufel - by Mr. Daller 51		Pam Teufel - by Mr. Daller 53
1	, 	1	
1 2	she says that she's submitting this to clarify and more	1 2	would have been a violation of my belief to use AI and
1 2 3	, 	1 2 3	would have been a violation of my belief to use AI and IVF."
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	she says that she's submitting this to clarify and more fully explain; correct? A. Yes. Q. Okay. Do you believe that she accomplished her goal? MR. HENNESSY: Objection. THE WITNESS: She added more information than what was in her original submission. BY MR. DALLER: Q. Did she clarify her original submission? A. As I said, she added new information about her concern over the use of aborted fetal cells in the development and generation of the vaccine. That was not in her original submission. Q. It wasn't in her original submission at all? A. I don't recall it being in there. Q. Okay. Well, let's just take it from the top. So in the second paragraph she says, "I value a perfectly-formed life that God gave me"; correct? A. That's what she wrote. Q. And do you have any reason to doubt that that's her belief? A. No. Q. Okay. The second paragraph or the second	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	would have been a violation of my belief to use AI and IVF." Do you see that? A. Yes. Q. Okay. So she's reiterating that connection between the AI and IVF and her belief; correct? A. She's connecting them, yes. Q. Okay. And then she gives new information when it talks about gene therapy to enhance knee rehabilitation; correct? A. Yes. That's new information. Q. Do you doubt that? A. I don't. She wrote it. I don't doubt that that happened. Q. Is that bad science? MR. HENNESSY: Objection. THE WITNESS: I don't know anything about gene therapy to enhance knee rehabilitation. BY MR. DALLER: Q. Do you believe that in vitro fertilization requires the use of anything to alter normal body functions? A. I'm not an expert on IVF. Q. Okay. Are you aware if Dr. Stallkamp is?

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	Pam Teufel - by Mr. Daller 54		Pam Teufel - by Mr. Daller 56
1	physician, but I don't know how much.	1	life begins at conception and ends at natural death;
2	Q. Okay. What type of physician is	2	right?
3	Dr. Stallkamp?	3	A. She wrote that.
4	Are you aware?	4	Q. Okay. And she wrote that in her original
5	A. I believe	5	exemption request, too, I believe; correct?
6	Q. I'm sorry?	6	A. I don't remember that part, but we can look
7	A. I believe he's a board-certified internal	7	back at it.
8	medicine doctor.	8	Q. Okay. If she did make that statement, then
9	Q. Okay. Then she also says that it would be	9	actually, the next statement she says is that, "I do not
10	against her belief to inject any kind of artificially-	10	believe in abortion"; correct?
11	developed mRNA; correct?	11	A. That's new information in this.
12	A. She wrote that, correct.	12	Q . That's new information?
13	Q. Okay. Is that bad science?	13	A. Yes.
14	A. Well, as she wrote prior, that it would alter	14	Q. Okay. There's nothing about life beginning at
15	her genetic makeup. That's the bad science part.	15	conception and ending at natural death that speaks about
16	Q. And you're taking that by the strict	16	abortion there?
17	interpretation of what "altered genetic makeup" means;	17	A. I'm not making that connection, if that's what
18	correct?	18	you're asking.
19	MR. HENNESSY: Objection.	19	Q. You're not making that, okay.
20	THE WITNESS: I don't know how I'm	20	When does abortion occur?
21	evaluating it, if it's strict or how I'm looking at	21	A. At some point in a person's life?
22	that, but	22	Q. Uh-huh. At some point in a person's life.
23	BY MR. DALLER:	23	A. I mean, I don't understand your question.
24	Q. Okay. Well, when she says that her body is	24	Q. Okay.
25	"perfectly formed by God," okay, would is her body	25	A. When does a woman choose to have an abortion?
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	Dans Taufal Inc. Ma Dallan 55		Pam Teufel - by Mr. Daller 57
	Pam Teufel - by Mr. Daller 55		Fam redier - by Mr. Daller 57
	Pam Teurer - by Mr. Daller 55		Fam redier by Mr. Daller 57
1	the result of her genetic makeup that God gave her?	1	Q. If someone performs an abortion, okay, has
1 2		1 2	
	the result of her genetic makeup that God gave her?		Q. If someone performs an abortion, okay, has
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3	the result of her genetic makeup that God gave her? MR. HENNESSY: Objection. THE WITNESS: I don't know.	3	Q. If someone performs an abortion, okay, has conception occurred? A. We're gonna have that religious debate.
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4			
1	educational background?	1	A. I see that.
2	A. I am not.	2	Q. You consider that new information; correct?
3	Q. You're not, okay.	3	A. The aborted fetal cells is the new
4	Are nurses taught to think analytically?	4	information.
5	A. Of course. I think that's a they're	5	Q. Okay.
6	trained to follow protocols, use judgment	6	A. I mean, she I believe she's referenced her
7	Q. And that's actually I apologize for	7	body as a temple prior.
8	interrupting you. Were you finished?	8	Q. Okay. All right. And then a little bit
9	A make decisions, make recommendations to	9	further, actually right beneath it, it says, "I switch
10	physicians and other providers.	10	assignments with colleagues when patient care involves
11	Q. Okay. And that's for a bachelor's-prepared	11	an abortion or a need to administer Plan B"; correct?
12	nurse; correct?	12	A. So she wrote it, yeah. I think in a prior
13	A. We have diploma-prepared nurses that do the	13	submission I felt like it was more because she couldn't
14	same job.	14	get pregnant and was having a personal disbelief with
15	Q. Okay. And if somebody has an advanced degree,	15	the people who were choosing to abort their fetuses and
16	would you expect their analytical skills to, perhaps, be	16	that's why she asked to switch.
17	even better or more advanced?	17	This feels a little different.
18	A. I don't know that it has to do with a degree	18	Q . Okay. On Page 4, Question 5 and we can
19	more than it has to do with experience.	19	pull it up.
20	Q . Okay. Then you would agree you have a	20	MR. DALLER: This was from her religious
21	clinical ladder at Main Line; correct?	21	exemption request, Karen. Yeah, Page 4, Question 5.
22	A. We do.	22	THE VIDEOGRAPHER: (Indicating).
23	Q. Okay. And are you familiar with where	23	BY MR. DALLER:
24	Ms. Gray resided on that ladder?	24	 Q. Can you read the first sentence for me,
25	A. No, I'm not.	25	please?
	EXLER REPORTING		EXLER REPORTING
	412-221-4007		412-221-4007
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1	\mathbf{Q} . So if you're not familiar with that today, I'm	1	A. "Even though I have not officially requested a
2	assuming you were not at the time of her evaluation	2	religious exemption on the basis of my beliefs, I've
3	of the exemption and appeal request either then;	3	relied upon the graciousness of my colleagues' support
4	correct?	4	patient decisionmaking when it conflicts with my
5	A. No, I was not aware then, and I'm not aware	5	personal religious beliefs."
6	now.	6	Q. Okay. Is the word "emotion" in there
7	Q. Okay. I mean, let's just skip over the fact	7	anywhere?
8	that she said that it's a direct violation that using	8	A. No.
9	a vaccine that was created from aborted fetal cells is a	9	Q. Okay. But you saw the word "emotion" a couple
10	direct violation of how precious she considers God's	10	of lines down; correct?
11	gift of life to be.	11	A. I do see it there, yes.
12	Do you see that statement, what she wrote?	12	Q. Okay. And I believe you testified that that's
13	A. The Sharing went down, but I can use my own	13	why you did not value this statement or this answer to
14	copy, I guess.	14	this particular question as a religious belief but,
15	Q. You don't have any notes on the copies that	15	rather, as a personal emotional response; correct?
16	you're using; correct?	16	A. Yes.
17	A. No.	17	Q. So you made the personal decision then to pick
18	Q. So it's in the third paragraph right about the	18	a word and ignore the sentence above; correct?
19	middle: "Receiving."	19	MR. HENNESSY: Objection.
20	"Receiving a vaccine using this technology	20	THE WITNESS: I didn't ignore what she
21	would make me feel dirty and contradict my belief that	21	wrote.
22	the body is a temple of the Holy Spirit."	22	BY MR. DALLER:
		23	Q. So that word overpowered the sentence and led
	And right shove lifts in direct violation of	~~	w. Do that word overpowered the Schience and 180
23	And right above, "It's in direct violation of how precious I consider God's gift of life to be "	24	you to helieve that she was not expressing a sincerely-
23 24	how precious I consider God's gift of life to be."	24 25	you to believe that she was not expressing a sincerely-
23	how precious I consider God's gift of life to be." Do you see that?	24 25	held religious belief on why she could not take the
23 24	how precious I consider God's gift of life to be."		

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Pam Teuler - by Mr. Daller 64 1 vaccine but, rather, an emotional response to abortion because she cannot have children; correct? 3 MR. HENNESSY: Objection to form. 4 BY MR. DALLES: 5 Q. You can answer. 6 A. I just read this as it was not about her refigion. It was more about that she could not bear a child, and it would be incredibly emotional for her to bar when the belief or 7 refigion. It was more about that she could not bear a child, and it would be incredibly emotional for her to bar when the belief or 10 Tute. 11 A. I believe that that would be an emotional thing for her to do and would be very difficult. 12 an of think you belief or 13 A. The belief or 14 Correct. 15 Q. And it think you stitled that mobod voitsed to committee, to your recollection, gave any input into the committee, to your would agree that these religious of the committee, to your recollection, gave any input into the committee, to your would agree that these religious of the property of the decision of the statements require some religious interpretation; of the property of the proper		Case 2:23-cv-00263-KNS Document	EUFE	Filed 10/02/23 Page 236 of 265
2 because she cannot have children; correct? 3		Pam Teufel - by Mr. Daller 62		Pam Teufel - by Mr. Daller 64
2 because she cannot have children; correct? 3				
## BY MR_DALLER: SY MR_DALLER: S	1	vaccine but, rather, an emotional response to abortion	1	longstanding.
4 MR. DALLER: 5 Q. You can answer. 6 A. I just read this as it was not about her religion. It was more about that she could not bear a billing. And it would be incredibly emotional for her to a have to care for those patients. And I believe that's true. 10 Q. I'm sorry. You believe that her emotions are more than the belief or. 11 Q. I'm sorry. You believe that the remotions are more than the belief or. 12 more than the belief or. 13 A. I believe that that would be an emotional thing for her to do and would be very difficult. 15 Q. And I think you testified that nobody outside the three three to go and would be very difficult. 16 A. That's correct. 19 Q. You would agree that these religious so statements require some religious interpretation; correct? 21 correct? 22 MR. HENNESSY: Objection. 23 EVER PROPRING 412-221-4007 24 EVER DALLER: 25 Q. They don't? Okay. 26 Q. What type of interpretation — do they require a otherwise? 27 Q. What type of interpretation — do they require any type of interpretation at all, religious or otherwise? 28 Q. What type of interpretation — do they require and they type of interpretation at all, religious or otherwise? 29 Q. What type of interpretation — do they require and they type of interpretation at all, religious or otherwise? 30 Q. Way, You're not arguing that the connected them to why they couldn't get the COVID-19 vaccine. 31 Q. Oxay, You're not raying that the connected them to why they couldn't get the COVID-19 vaccine. 32 Q. What type of interpretation at all, religious or otherwise? 33 Q. Oxay, You're not raying that the connected them to why they couldn't get the COVID-19 vaccine. 34 Q. Oxay, You're not raying that the connected them to why they couldn't get the COVID-19 vaccine. 35 Q. Oxay, You're not raying that the connected them to why they couldn't get the COVID-19 vaccine. 36 Q. Oxay, You're not raying that the connected them to why they couldn't get the COVID-19 vaccine. 37 Q. Oxay, You're not raying that the connected them to why they couldn't get the COVID-19 va	2	because she cannot have children; correct?	2	MR. HENNESSY: And she testified she
5 A. Just read this as it was not about her 7 religion. It was more about that she could not bear a 6 killd, and it would be incredibly emotional for her to 10 true. 11 Q. I'm sorry. You believe that she 12 more than the belief or 13 A. I believe that that would be an emotional 14 thing for her to do and would be very difficult. 15 Q. And I think you testified that nobody outside 16 the committee, to your recollection, gave any input into 17 this decision; correct? 18 A. That's correct. 19 Q. You would agree that these religious 20 statements require some religious interpretation; 21 correct? 22 MR, HENNESSY: Objection. 23 THE WITNESS: No. 24 EY MR. DALLER: 25 Q. They don't? Okay. 26 EVER REPORTING 27 A. They do not. 28 Q. What type of interpretation do they require 29 a otherwise? 20 Q. What type of interpretation do they require 3 any type of interpretation at all, religious or otherwise have a to there wise? 412 221-4007 412 221-4007 41 A. They do not. 412 221-4007 42 Q. What type of interpretation do they require 3 any type of interpretation at all, religious or otherwise and the solution of the soluti	3	MR. HENNESSY: Objection to form.	3	doesn't remember what she considered at the time. I
6 A. I just read this as it was not about the reference relation. It was more about that she could not bear a child, and it would be incredibly emotional for her to share to care for those patients. And I believe that's true. 10 Tus sorry. You believe that her emotions are more than the belief or 11 Q. I'm sorry. You believe that her emotions are more than the belief or 12 Q. I'm sorry. You believe that her emotions are more than the belief or 13 A. I believe that that would be an emotional thing for her to do and would be very difficult. 14 Lan for her to do and would be very difficult. 15 Q. And I think you textified that nobody outside the committee, to your recollection, gave any input into this decision; correct? 16 A. That's correct. 17 Q. Okay. And the EEOC are you familiar with what the EEOC? 18 MR. HENNESSY: Objection. 19 Q. You would agree that these religious interpretation; 20 otherwise require some religious interpretation; 21 correct? 21 Correct? 22 MR. HENNESSY: Objection. 23 A. They don't? Okay. EXLER REPORTING 412-221-4007 EXLER REPORTING 412-221-4007 Pam Turief - by Mr. Daller 63 Okay. Full were to say that they made the statement that a limited factual inquiry should be made, EXLER REPORTING 412-221-4007 Pam Turief - by Mr. Daller 65 otherwise pretty much you should accept the sincerity of the belief, would you have any reason to disagree with the before, people's ability or people's do they have be belief was not longstanding, are you? 10 Q. Okay. So you've beasically arguing that she to why they couldn't get the COVID-19 vaccine. 11 A. I am not arguing that. 12 Q. Okay. So you've basically arguing that she do not make the connection; correct? 13 A. I am not arguing that. 14 A. I am not arguing that. 15 BY MR. DALLER: 16 Q. They don't? Okay. 27 Correct? 28 A. We were at we were evaluating, as I stated before, people's ability or people's do they have and the people with the	4	BY MR. DALLER:	4	don't know why we've been here for an hour and a half
7 religion. It was more about that she could not bear a child, and it would be incredibly emotional for her to have to care for those patients. And I believe that 's the core for those patients. And I believe that's 10 true. 10 true. 11 Q. I'm sorry. You believe that her emotions are 12 more than the belief or 13 A. I believe that that would be an emotional 14 thing for her to do and would be very difficult. 14 thing for her to do and would be very difficult. 15 Q. And I think you testified that neaboy outside 16 the committee, to your recollection, gove any input into 17 this decision; correct? 19 Q. You would agree that these religious 2 statements require some religious interpretation; 22 correct? 23 Statements require some religious interpretation; 22 correct? 24 BY MR. DALLER: 10 Daller 19 A. Yes, I am. 2 Correct. 25 Q. They don't? Okay. 26 BY MR. DALLER: 10 Daller 19 Daller	5	Q . You can answer.	5	after that but
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9 have to care for those patients. And I believe that's to true. 10 true. 11 true. 12 true. 12 true. 12 true. 12 true. 13 true. 14 true. 15 true. 16 true. 16 true. 16 true. 17 true. 18 true. 18 true. 19 true.	7	religion. It was more about that she could not bear a	7	going to be sitting at trial a whole lot longer when
10 true. 11 Q. I'm sorry. You believe that her emotions are 12 more than the belief or 13 A. I believe that that would be an emotional 14 thing for her to do and would be very difficult. 15 Q. And I think you testified that nobody outside 16 the committee, to your recollection, gave any input into 17 this decision; correct? 18 A. That's correct. 19 Q. You would agree that these religious 19 Q. You would agree that these religious 20 statements require some religious interpretation; 21 correct? 22 M. HENNESSY: Objection. 23 THE WITNESS No. 24 BYMR. DALLER: 25 Q. They don't? Okay. EXLER REPORTING 412-221-4007 27 Pam Teufel - by Mr. Daller 28 Q. What type of interpretation do they require 29 Q. What type of interpretation at all, religious or 20 otherwise? 21 A. They do not. 22 Q. What type of interpretation do they require 23 any type of interpretation at all, religious or 24 otherwise? 25 A. We were at we were evaluating, as I stated of before, people's ability or people's do they have longstanding religious-held beliefs that connected them to why they couldn't get the COVID-19 vaccine. 29 Q. Okay. Vorl'e not arguing that Ns. Gray's blief was not longstanding, are you? 31 did not make the connection; correct? 32 did not make the connection; correct? 33 did not make the connection; correct? 34 MR. HENNESSY: Are you asking for argument from her? 45 If MR. HENNESSY: Are you asking for argument from her? 46 Q. Okay. So you're basically arguing that she did not make that 47 MR. HENNESSY: Are you asking for argument from her? 48 MR. DALLER: No. I'm asking for an an awayer. I'm asking, because we already 49 AR. DALLER: No. I'm asking for an an awayer. I'm asking that she did not make that 49 MR. DALLER: No. I'm asking for an an awayer. I'm asking that she did not make the connection, did not make the connection between her belief and why she can't take the sacctained it's not beca	8	child, and it would be incredibly emotional for her to	8	Main Line Health has no documents or any support, other
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		Pam Teufel - by Mr. Daller 66		Pam Teufel - by Mr. Daller 68
1			1	
1	Q.	For not taking the vaccine; correct?	1	A. A PAPR.
2	Α.	You mean did we accrue some religious	2	Q . PAPR. Pardon me.
3	accommo	odation religious rationale to not get the	3	A. No. The only well, wait. If a patient
4	vaccine?		4	came in that was suspicious of COVID or had symptoms
5	Q.	No. Let me ask you this: Is the granting of	5	and even, actually, back then, I think we had certain
6		s exemption an accommodation?	6	protocols. Every patient that came into the hospital
7	A.	I don't know that I'd call it accommodation,	7	was isolated, tested until we got the results, and then
8		I quess it is an accommodation.	8	it was determined where they were placed, on which unit.
9			9	
10	Q.	Okay.	10	The only employees that wore PAPRs were
	Α.	You didn't get you got the vaccine or you		employees that could not properly wear an N95 mask where
11		cemption, whether that was medical or religious.	11	isolation was needed, whether it was for a beard or the
12	Q.	Okay. Did employees who got a religious	12	size of their face, and because there couldn't be a
13	-	n have to do anything different at work, like	13	seal, they had to wear a PAPR.
14	any other	precautions in their job?	14	Q . Okay. And that was for, like, any patient who
15	A.	We had a testing protocol where they were	15	you suspected to have COVID; correct?
16	tested fo	r COVID on a weekly basis.	16	So it was really patient-driven rather than
17	Q.	Okay. Well, was that only on vaccinated	17	employer/employee-driven?
18	people?		18	In other words, if the patient fit the
19	A.	It was anyone who had a medical or a religious	19	paradigm of possible COVID, this is what everybody did?
20	exemption	on.	20	A. So to clarify, there were certain units where
21	Q.	Okay. And was that program successful, do you	21	an N95 and again, I'm not an expert on what the
22	think?		22	masking protocols were back then but in certain areas
23	A.	What do you mean by "successful"?	23	you had to wear an N95 mask.
24	Q.	Did you have any problems with it?	24	I believe there were other areas that you
25		I mean, it worked for you; right? You were	25	could wear a surgical mask, and it was based on
		EXLER REPORTING		EXLER REPORTING
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		Pam Teufel - by Mr. Daller 67		Pam Teufel - by Mr. Daller 69
1	able to te		1	
1 2		st people? You got information back?	1 2	infection prevention protocols.
2	A.	st people? You got information back? I believe everyone had to do that. The City	2	infection prevention protocols. The PAPR was strictly if you had to work in an
3	A. of Philad	st people? You got information back? I believe everyone had to do that. The City elphia tested people twice a week, and we did	3	infection prevention protocols. The PAPR was strictly if you had to work in an area where you needed an N95 and you couldn't get a good
2 3 4	A. of Philad do that f	st people? You got information back? I believe everyone had to do that. The City elphia tested people twice a week, and we did or a long time. It's no longer a requirement.	2 3 4	infection prevention protocols. The PAPR was strictly if you had to work in an area where you needed an N95 and you couldn't get a good seal. Then you wore a PAPR. But those were not high
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	Pam Teufel - by Mr. Daller 70		Pam Teufel - by Mr. Daller 72
1	said, "If this appeal has not further clarified my	1	A. I have no idea.
2	sincerely-held religious belief"	2	Q. Do you think that might be a piece of
3	Do you believe that she was successful or met	3	information that would be helpful to you in analyzing
4	her objective in clarifying the request?	4	this?
5	A. I mean, she added new information. So I don't	5	A. I didn't make a I don't make a connection
6	know what she thought when she submitted it.	6	between IVF and the COVID-19 vaccine. I wasn't asked to
7	Q. So you didn't know what she thought when she	7	evaluate that.
8	submitted it.	8	Q. So, if anything, that relied upon the science?
9	Do you know what you thought when she	9	If it required scientific interpretation, you
10	submitted it?	10	relied on your expert; correct?
11	A. Well, as I've already stated, there was new	11	A. That's correct.
12	information about aborted fetal stem cells, about her	12	Q. That's correct, okay.
13 14	knee.	13	And if he didn't make that connection, then
14 15	I believe that those were the new pieces of information.	14 15	you would have just said bad science?
16	Q. Okay. Did that clarify anything for you?	16	You'd agree with him it's bad science; correct?
17	A. I don't know if it clarified anything for me.	17	A. Well, again, if someone said they thought the
18	Q. Okay. What verb would you put in there in	18	vaccine was going to do something to them, I would look
19	terms of what it did?	19	to him to say, "Is that accurate?"
20	A. I don't know.	20	Q. And if he did not understand it and just said,
21	Q. You don't know, okay.	21	"Yeah, that's accurate," then you would rely on his
22	And you don't know, as you sit here today;	22	opinion; correct?
23	correct?	23	A. Yes.
24	A. Well, again, part of me wonders why the	24	Q. Okay. And in the last paragraph of her
25	aborted fetal stem cell wasn't in the first submission.	25	appeal
	EXLER REPORTING		EXLER REPORTING
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1	Did someone tell her to add it so it would	1	MR. DALLER: If we could go back to that
2	Did someone tell her to add it so it would help her case? I don't know.	2	$$\operatorname{MR}$. DALLER: If we could go back to that for a minute?$
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1	a reasonable accommodation meeting or meetings to	1	Q. Okay. So it was about 16 hours total of
2	determine what they can and can't do with those medical	2	meeting time; correct?
3	restrictions.	3	A. For the original group, that's my memory.
4	Q. Okay. And does that extend to discussions of	4	Q. Okay. Was Ms. Gray in your original group?
5	religious exemptions?	5	A. I do believe, based on her dates, that she
6	MR. HENNESSY: Objection.	6	would have been, yes.
7	BY MR. DALLER:	7	Q. Okay. How many minutes are in 16 hours? Do
8	Q . You can answer.	8	you know?
9	A. We did not have an interactive process. We	9	A. No. I would have to use a calculator.
10	were very clear in the policy. If anybody wanted	10	Q . If I told you it was 960, would you doubt me
11	something considered, they had to put it into the	11	at all? And I did use a calculator.
12	application. A time limit, we were dealing with over	12	MR. HENNESSY: John, we'll stipulate that
13	200 submissions.	13	it was 960 minutes. I mean, come on. You don't ask a
14	Q . Mm-hmm, okay. So you're saying that you kind	14	witness questions you can get answers to on a
15	of modified your process because of the time limit;	15	calculator.
16	correct?	16	MR. DALLER: You know, I want to try and
17	A. No, we didn't modify it. We had it clearly	17	avoid as many form and foundation objections as I can.
18	stated what it was.	18	BY MR. DALLER:
19	Q. Well, you said that you were under a time	19	Q. So I believe you testified that there were
20	limit, I thought, and that you had over 200 submissions.	20	200, roughly, that your group looked at; correct?
21	Did you feel that you were under a time	21	MR. HENNESSY: John, and just to clarify
22	crunch?	22	the record, I said we reserve all objections except to
23	A. I felt we had to meet for long hours to review	23	form, not to foundation. Foundation
24	a lot of materials in order to get back to employees.	24	MR. DALLER: You did make some foundation
25	Q. Okay. Do you recall how long your	25	ones. So we're really getting off the rails if you
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1	, 	1	,
1 2	conversation about Mrs. Gray's appeal request took?	1 2	MR. HENNESSY: Well but I still reserve
2	conversation about Mrs. Gray's appeal request took? A. No, I do not.	2	MR. HENNESSY: Well but I still reserve
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2	conversation about Mrs. Gray's appeal request took? A. No, I do not. Q. Do you have a recollection on how long they took, in general? You know, not just Ms. Gray's?	2 3 4	MR. HENNESSY: Well but I still reserve any MR. DALLER: I understand. I understand. MR. HENNESSY: I just want to put that on
2 3 4 5	conversation about Mrs. Gray's appeal request took? A. No, I do not. Q. Do you have a recollection on how long they took, in general? You know, not just Ms. Gray's? A. We had multiple meetings for hours to review	2 3 4 5	MR. HENNESSY: Well but I still reserve any MR. DALLER: I understand. I understand. MR. HENNESSY: I just want to put that on the record.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	conversation about Mrs. Gray's appeal request took? A. No, I do not. Q. Do you have a recollection on how long they took, in general? You know, not just Ms. Gray's? A. We had multiple meetings for hours to review appeals. So I don't know, in any one case, how long each one took. Q. When you say "multiple," can you give me an idea? I mean, are we talking ten? Twenty? Five? I mean, multiple's a broad word. A. We had at least three to four in-person three-to four-hour meetings, and then some people applied for accommodations later because of pregnancy, and so those were usually one at a time. So we could have had ten meetings in total. I don't recall the exact number. Q. All right. But for most part, you said you had three- or four four-hour meetings, roughly? A. That's my memory. Q. Okay. So that's about what? Sixteen hours; correct? And how many people applied for accommodations for submitted appeals? A. My memory is it was in the 200 range. I don't	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	MR. HENNESSY: Well but I still reserve any MR. DALLER: I understand. I understand. MR. HENNESSY: I just want to put that on the record. MR. DALLER: I'm not arguing that. MR. HENNESSY: And, you know, I could have objected to every question for form. MR. DALLER: I know. MR. HENNESSY: I'm giving you a little leeway, but go ahead. MR. DALLER: All right. BY MR. DALLER: Q. So was it about 200 that you reviewed in that initial group, or was the initial group less? Can you, roughly, give me an idea? A. I actually don't know. I mean, the number of 200 is in my mind for how many people, too, and I don't know if those were how many came later because of pregnancy appeals that wouldn't have come until they had returned from maternity leave. Q. Okay. Would you think it would be a good majority of them, though? Probably about at least three-quarters came during that initial sort of rush of

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	Pam Teufel - by Mr. Daller 78		Pam Teufel - by Mr. Daller 80
1	A. Yes. Unless you were pregnant. You had to	1	it's there yet. But it is the requirement that we track
2	file your appeal then.	2	it and report it.
3	Q. Okay. All right. So let's assume 150. Okay?	3	Q. Okay. And that was true for flu, as well;
4	Seventy-percent. Do you know how many minutes would	4	correct?
5	have, on average, been spent on each appeal then?	5	A. That is true for flu today.
6	A. I mean, my memory is we spent anywhere from,	6	Q. Okay. And did that those metrics don't
7	you know, five to ten minutes on each one.	7	take into account whether you had applied for an
8	Q. Okay. All right. Nine hundred sixty minutes	8	exemption; is that correct?
9	divided by 150 appeals is 6.4 minutes per appeal. All	9	A. Correct.
10	right.	10	Q. Was Ms. Gray where was Ms. Gray on the
11	A. I should add that the materials were available	11	compensation ladder? Do you know?
12	to us ahead of time, and so typically we would read	12	A. I don't know. I don't know what her pay was.
13	ahead before we got in the meeting.	13	Q. Okay. If she was a Clinical Nurse 5, she'd be
14	Q. All right. Thank you for adding that.	14	pretty well paid; correct?
15	All right. Why don't we take a ten-minute	15	MR. HENNESSY: Objection.
16	break, and then hopefully we can wrap this up.	16	THE WITNESS: Yeah. Your experience moves
17	Actually, before we do that, was there what	17 18	you up, and the clinical ladder moves you up from there.
18 19	was the you had said there was a time crunch or	19	So you could be more junior. So I don't know where she would have fallen.
20	something, right, to try and get these done. What was the basis of that?	20	BY MR. DALLER:
21	A. The fact that COVID was rampant. I mean, we	21	Q. Say that again. I don't quite understand.
22	wanted to protect our employees and our patients, so we	22	A. Experience is going to move you up over time.
23	created a policy with dates regarding exemption.	23	You get increases, and then the clinical ladder puts you
24	Requests had to be in. When people had to be	24	up from there. But you can be on the clinical ladder as
25	vaccinated by was upon recommendations of our infection	25	more junior nurse.
	EXLER REPORTING		EXLER REPORTING
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	Pam Teufel - by Mr. Daller 79		Pam Teufel - by Mr. Daller 81
1	prevention team.	1	Q. Okay. All right. If Ms. Gray had been at
2	Q. Mm-hmm, okay. Did it have anything to do with	2	Main Line Health for a couple decades, I believe, she'd
2	Q . Mm-hmm, okay. Did it have anything to do with like CMS mandates saying everybody had to be vaccinated?	2	Main Line Health for a couple decades, I believe, she'd be pretty high up if she was also a Clinical 5, correct?
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2 3 4 5	Q. Mm-hmm, okay. Did it have anything to do with like CMS mandates saying everybody had to be vaccinated? A. I mean, my memory, yes. There were CMS regulations. Again, as I referenced, the City of	2 3 4 5	Main Line Health for a couple decades, I believe, she'd be pretty high up if she was also a Clinical 5, correct? A. She would likely be at least at the midpoint of the range.
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	Pam Teufel - by Mr. Daller 82		Pam Teufel - by Mr. Daller 84
1	A. Correct. We are, yes, struggling financially.	1	A. We may have.
2	Q. Okay. But you gave equity increases sometime	2	Q. Can you tell us exactly how much time, sitting
3	in 2021; correct?	3	here today, you spent on reviewing each appeal?
4	A. We did give equity increases to nurses to	4	A. No.
5	compete with the market.	5	Q. Did it depend on the complexities and nuances
6	Q. Mm-hmm, okay. All right. So let's go ahead	6	of each appeal, each individualized appeal?
7	and take that ten-minute break and then we'll be back.	7	A. Yes. The length and what people wrote, how
8	THE VIDEOGRAPHER: All right. We're going	8	much conversation we had.
9	off the record, and the time is 4:30 p.m.	9	Q. Okay.
10	(Whereupon, a short recess was taken.)	10	MR. HENNESSY: Thank you. That's all.
11	THE VIDEOGRAPHER: All right. We are back	11	MR. DALLER: Okay.
12	on the record, and the time is 4:38 p.m.	12	
13	MR. DALLER: Okay.	13	EXAMINATION
14	BY MR. DALLER:	14	BY MR. DALLER:
15	Q. So, Ms. Teufel, is there anything from our	15	Q. And just in followup, would you consider that
16	previous discussions that you'd like to clarify before	16	Mrs. Gray's appeal was complex?
17	we move forward?	17	A. I would agree that there was a lot to read.
18	A. No.	18	So it likely would have taken longer.
19	Q . No? Okay.	19	Q. Okay. And in your estimate of time that
20	And I believe you said that the equity	20	Mr. Hennessy asked about, are you also taking into
21	there was an equity raise sometime in 2021; correct?	21	account the time that people looked at these beforehand,
22	A. Yes. For nurses.	22	before the actual meeting?
23	Q. Okay. And is it also true that there was a	23	 A. No, I didn't talk about that, but as I stated,
24	merit increase sometime in 2021 for nurses or for	24	I would read ahead, because we had access to the portal,
25	everybody, for that matter?	25	in preparation for the meeting. Then it would be
	EXLER REPORTING		EXLER REPORTING
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	Dam Taufal by Mr Hannasay 02		Pam Teufel - by Mr. Daller 85
	Pam Teufel - by Mr. Hennessy 83		Pam Teufel - by Mr. Daller 85
1	A. All employees were eligible for a merit	1	difficult to remember, so you'd always have to refresh.
1 2		1 2	
_	A. All employees were eligible for a merit		difficult to remember, so you'd always have to refresh.
2	A. All employees were eligible for a merit increase in 2021.	2	difficult to remember, so you'd always have to refresh. Q. Okay. All right. And you said that you had
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                                             EXLER REPORTING
                                               412-221-4007
       COMMONWEALTH OF PENNSYLVANIA.
       COUNTY OF WESTMORELAND
 3
      I, Pamela J. Rose, a notary public in and for the Commonwealth of Pennsylvania, do hereby certify that the witness, PAM TEUFEL, was by me first duly sworn to testify the truth, the whole truth, and nothing but the truth; that the foregoing videotaped Zoom deposition was taken at the time stated herein; and that the said videotaped Zoom deposition was recorded stenographically
       by me and then reduced to typewriting under my direction, and constitutes a true record of the testimony given by said witness, all to the best of my
 8
       skill and ability.
       I further certify that the inspection, reading and signing of said videotaped Zoom deposition were waived by counsel for the respective parties.
10
11
                           I further certify that I am not a
       relative, or employee of either counsel, and that I am in no way interested, directly or indirectly, in this
13
       action.
                           IN WITNESS WHEREOF, I have hereunto set
        my hand and affixed my seal of office this 1st day of
       September, 2023.
15
16
                               Pamela J. Rose, Bor, Notary Public
17
18
19
                                 COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Pamela J. Rose, Notary Public
20
                        Westmoreland County
My commission expires September 25, 2024
21
22
                                     Commission Number 114070
23
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                                             EXLER REPORTING
                                               412-221-4007
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EXHIBIT I

1 IN THE UNITED STATES DISTRICT COURT 1 FOR THE EASTERN DISTRICT OF PENNSYLVANIA 2 3 DAWN GRAY, Civil Action 4 No. Plaintiff, 2:23-cv-00263-KNS 5 VS. 6 MAIN LINE HOSPITALS, INC., 7 Defendant. 8 9 10 11 VIDEOTAPED ZOOM DEPOSITION OF BARBARA WADSWORTH, DNP, RN 12 13 Friday, August 18, 2023 14 15 16 17 18 19 20 21 22 23 ELECTRONIC DISTRIBUTION, FORWARDING OR REPRODUCTION OF THIS TRANSCRIPT IS PROHIBITED WITHOUT AUTHORIZATION FROM 24 THE CERTIFYING AGENCY 25 EXLER REPORTING 412-221-4007

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1	VIDEOTAPED ZOOM DEPOSITION OF:	1	INDEX	
2	BARBARA WADSWORTH, DNP, RN,			
3	a witness herein, called by the Plaintiff for	2		
4	examination, taken pursuant to the Federal Rules of			
_		3	WITNESS: BARBARA WADSWORTH, DNP, RN	
5	Civil Procedure, by and before Margaret J. Exler, a	4		
6	Registered Professional Reporter and Notary Public in	5	EXAMINATION: PAGE	
7	and for the Commonwealth of Pennsylvania, held remotely	6		
8	with all participants appearing via Zoom, on Friday,	7	BY MR. DALLER 6	
9	August 18, 2023, at 10:06 a.m.		DI PIK. DALLEK	
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		9		
11		10	<u>EXHIBITS</u> : <u>PAGE</u>	
12		11		
13		12	(WHEREUPON, NO EXHIBITS WERE MARKED FOR	
14		13	IDENTIFICATION.)	
15		14		
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1	APPEARANCES:			
2	For the Plaintiff:	1	PROCEEDINGS	
3	JOHN A. DALLER, ESQUIRE	2		
١.	Daller Law Firm	3	THE VIDEOGRAPHER: All right. Good	
4	P.O. Box 162 510 Pittsburgh Street	4	morning. My name is Karen Begley, and I am a legal	
5	Mars, PA 16046			
	724-201-2050		videographer with Litigation Advantage	
6		5	videographer with Litigation Advantage.	
	johndaller@daller-law.com	6	Today's date is August 18th, 2023, and the	
7				
7	johndaller@daller-law.com For the Defendant:	6	Today's date is August 18th, 2023, and the	
7 8	For the Defendant: BRENDAN HENNESSY, ESQUIRE	6 7	Today's date is August 18th, 2023, and the time is approximately 10:06 a.m.	
8	For the Defendant: BRENDAN HENNESSY, ESQUIRE Hennessy Law Firm	6 7 8	Today's date is August 18th, 2023, and the time is approximately 10:06 a.m. We are taking the videotaped deposition via Zoom of Barbara Wadsworth, executive vice president and	
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8 Dr. Wadsworth - by Mr. Daller Dr. Wadsworth - by Mr. Daller 1 BARBARA WADSWORTH, DNP, RN, know. As I said, you know, we shouldn't be here too 2 2 long, so hopefully that won't be necessary, but if you a witness herein, having been first duly sworn, was 3 examined and testified as follows: 3 do, just I ask that you answer whatever question is 4 4 **EXAMINATION** pending before we take the break. 5 BY MR. DALLER: 5 Okav? 6 6 Q. Good morning, Dr. Wadsworth. How are you Yes. A. 7 7 today? Q. Now, just refresh my memory. Did you have any 8 8 role in the creation of Main Line's COVID-19 vaccine A. I'm doing well. Thank you. 9 9 Q. Good. policy? 10 10 MR. DALLER: So, Brendan, waive -- reserve Α. Yes, I had a role. 11 11 all objections to trial except form and privilege? Q. Okay. Can you tell me what that role was? 12 12 MR. HENNESSY: Yes. So I was in the command center as one of the 13 13 MR. DALLER: Okay. And you'll waive any executive leaders supporting the physician leaders, in 14 14 objections as to notice, correct? the command center that was divided into blue, yellow 15 15 MR. HENNESSY: Yes. and green teams. 16 BY MR. DALLER: 16 I was on the green team. 17 17 So good morning, again, Dr. Wadsworth. I know Q. Okay. 18 18 I've spoken to you before. Just kind of briefly go over And as part of that, we spent our time daily 19 the housekeeping issues. 19 talking about different policies that needed to be 20 I understand that you have a time constraint 20 enacted throughout the pandemic, and the COVID policy 21 21 at 12, and I think we'll be able to get done before was one of them where a smaller group of medical staff 22 22 and other, you know, appropriate experts created some 23 23 I'm going to ask you a series of questions policy draft and then brought it forward to the 24 24 today. It's important that you let me finish the leadership of our command center teams to review and question and that we don't over talk each other. 25 discuss, and so I was part of it -- part of those **EXLER REPORTING EXLER REPORTING** 412-221-4007 412-221-4007 7 9 Dr. Wadsworth - by Mr. Daller Dr. Wadsworth - by Mr. Daller 1 Agree? discussions, and multiple discussions, including 2 2 I agree. discussions with the CEO and other senior team members. Α. 3 3 Okay. And certainly, because of the Okay. And now you were not on that sort of 4 technology, sometimes that may happen. I apologize in 4 subgroup that you described in terms of medical and 5 advance. If you're not finished with something, please 5 other experts, correct? 6 6 just tell me, "I'm not finished." No, I was not. A. 7 7 Okay? Okay. And do you recall who was on that team? 8 8 Okay. I won't recall everyone, but -- that was on 9 9 And if you don't understand a question that the team, but it included occupational medicine, 10 I've asked, please ask me to clarify it because I will 10 infectious disease or infectious -- yeah, infectious 11 assume that you're answering it the way I intended it to 11 disease experts, our chair for the system, HR, physician 12 come out. 12 leadership, and there may have been others that were on 13 13 Α. I understand. that subgroup. 14 14 Okay. And are you taking any prescription or Q. Okay. And then what they did was they kind of 15 nonprescription medications that could impair your 15 brought it to the larger group for kind of signoff any 16 16 ability to either understand a question or to respond answering of questions and then ultimately 17 17 completely and truthfully to any of my questions? implementation; is that correct? 18 18 Α. No, I am not. The larger group was to ask questions, clarify 19 19 Q. Okay. And when was the last time you had an what other organizations were doing, if that could 20 20 alcoholic drink? inform our decisionmaking, also what was being provided 21 21 by either the local government or the CDC as far as A. Last night at dinner. 22 22 Q. Okay. And what time did you get to bed last recommendations, CMS recommendations. Sort of taking in 23 night? 23 everything that was being shared at that time to see if 24 10:15. 24 that influenced what we wanted to do or how it aligned A. 25 Q. Okay. Now, if you need a break, please let me or didn't align and whether or not we were comfortable **EXLER REPORTING EXLER REPORTING** 412-221-4007 412-221-4007

Case 2:23-cv-00263-KNS DARGHMANTS 21. TILL 10/02/23 Page 247 of 265 12 Dr. Wadsworth - by Mr. Daller Dr. Wadsworth - by Mr. Daller 1 with that. 1 Α. No, I was not. 2 Q. 2 Okay. And do you have any knowledge of what Okay. So the medical group, that subgroup, 3 3 kind of considered all of the information and then they that discussion entailed? 4 4 brought it to your group and your group would ask Α. No, I do not. 5 questions, is that --5 Q. Okay. So when your appeal committee -- and 6 Α. Correct. 6 we'll go through the specifics later, but when your 7 7 Q. And when your group asked those questions, appeal committee reviewed her exemption, there was --8 8 were the questions based upon or founded in each was there anybody there telling you what the denial was 9 9 individual members of that group's, like, understanding based on? 10 10 of things like that, or did that bigger group bring in I don't recall specifically. We did have Greg Α. 11 11 other material and say, "Did you consider this? Did you Papa as part of -- he was the connecting person between 12 consider that"? 12 the exemption -- the Religious Exemption Committee 13 13 A. I mean, I don't recall specifically. I know review and the Appeal Committee review. 14 we were -- we spent a lot of time talking about the 14 I don't recall specific conversations related 15 15 policy and the implications of the policy, what other to Dawn's exemption, you know, to the denial committee. 16 hospitals had experienced because some hospitals across 16 I don't remember anything particularly specific about 17 the country were in a different phase than we were, so 17 18 18 they had already deployed their policy, and then they Okay. All right. But, I mean, in general, if 19 even had a few week -- not that much time, but a few 19 I understood you correctly, Greg Papa would sort of make 20 weeks or maybe a month ahead of us. 20 a connection, "This person was reviewed at the initial 21 21 Exemption Review Committee. This was their decision. I mean, some organizations took no exemptions. 22 22 Some organizations said yes to one or -- you know, This is why they decided it, and here's the appeal"? 23 23 medical exemptions, and then some did medical and Is that kind of --24 religious exemptions, and so to the degree that we could 24 So we -- not exactly. So we had -- we had --25 hear others' experiences, we tried bring that in, and 25 we knew who was coming forward and we had access to **EXLER REPORTING EXLER REPORTING** 412-221-4007 412-221-4007 11 13 Dr. Wadsworth - by Mr. Daller Dr. Wadsworth - by Mr. Daller 1 sometimes from the chief medical officer or from my their application, and if we had questions, we would ask 2 perspective as the chief operating officer and the chief Greg. You know, "Greg, can you help us understand, you 3 3 nursing officer, we have groups that connect and so you know, if you recall, what happened -- what was the 4 can learn from other groups what they -- what their 4 discussion around this?" 5 experience was or how it, you know, supported the 5 So in this example, "What was the discussion 6 organization, the employees, or some of the bumps in the 6 around Dawn's religious exemption and what was the --7 road that they experienced. you know, what was the team talking about that led you 8 8 to a denial?" So we tried to collect that as close to the 9 9 time that we were developing our policy, so there was a So we might ask that. I don't recall that we 10 lot of discussion about that. 10 did, but that was our process, and so to the degree that 11 11 Q. All right. Thank you. Did the phase -- I he had information and knowledge, he would share that 12 think you referred to like the phase that a particular 12 with us at that time. 13 13 hospital was in. Okay? Okay. And how would he, you know, have 14 Did the phase that Main Line was in influence 14 recollection of that knowledge? Like, did he just, off 15 what a religious exemption could be considered for? 15 the top of his head, state it, or did he have any notes 16 16 No. I don't believe so. or anything like that? 17 17 And specifically as it relates to Mrs. Gray, Yeah. I don't --Α. 18 18 MR. HENNESSY: I'd object to form. do you recall using any internet sources to review her 19 19 applications for exemption request? Go ahead. 20 20 No, I did not. BY MR. DALLER: 21 Okay. Are you aware of anybody doing that? 21 Q. You can answer.

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I don't -- I don't -- I can't answer that. I

just know that when we asked -- I mean, sometimes he

information, I don't know where he got that information.

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would say he didn't recall, but when he did give us

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Α.

request, correct?

I'm not aware.

initial determination of her religious exemption

Okay. And you were not involved in the

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Case 2:23-cv-00263-KNS DAGGAMARTS 21. Filed 10/02/23 Page 248 of 265 16 Dr. Wadsworth - by Mr. Daller Dr. Wadsworth - by Mr. Daller 1 Q. Okay. Did he bring his laptop with him? saying that they were appeal- -- that they respectfully 2 Α. 2 were appealing the decision. We all had our laptops. 3 3 Okay. Was this review virtual, or was it in Okay. And if they submitted additional 4 4 person? information with that e-mail saying, you know, "I'd like 5 Α. These were in person. 5 an appeal," was that information considered? 6 Q. 6 So we had it available. The appeal process These were in person? 7 7 Α. Well, I'll say the majority of these were in was designed to validate that the exemption committee 8 person with a small group. I think there were -was fair and consistent and equitable across the board 9 9 occasionally, we did them virtually because we were to everyone who applied for a religious exemption. That 10 10 trying to be time sensitive to responding, and so I do was our intent. 11 11 think there were a couple that we did virtually, but the We did not -- although I will say we did read 12 initial review of the number of requests we did in 12 it. I read -- well, I'll say I read it, but we did not 13 13 person in one of our board rooms. take additional information into consideration because 14 14 Okay. And are there any notes or documents that was not the intent of the appeal. 15 15 that record the Appeal Committee's deliberations? The appeal wasn't a second chance to make your 16 No notes that were specific. It was all 16 case. The appeal was -- was the exemption process 17 verbal conversation, and then the final decision was 17 applied equitably, fair, consistently by the committee. 18 recorded because they would get a letter following up if 18 That was our job. 19 the religious exemption was approved or if the denial 19 Q. Okav. But the material was available --20 was upheld. 20 Yes. A. 21 21 -- to look at? Okay. So do you have any knowledge of what Q. 22 22 that document looked like, what it included? Not the Α. Yes. 23 23 letter that was sent, but sort of the summary of the Q. Okay. And if somebody did review it, then --24 24 discussion? I think you testified you were not influenced by it, 25 A. So we don't have -- we didn't have -- we 25 though, correct? **EXLER REPORTING EXLER REPORTING** 412-221-4007 412-221-4007 15 17 Dr. Wadsworth - by Mr. Daller Dr. Wadsworth - by Mr. Daller 1 didn't keep -- I don't believe we kept notes on the So we did -- we did acknowledge -- because we 2 summary of the discussion. We had the discussion -all -- we all received it, so I know that I read it. I 3 3 discussion live with our small group and we answered the know other people who were on our team told me that they 4 questions, and Greg, you know, answered the questions read it, but we were very conscientious about saying, 5 that we had based on what his knowledge was, but we 5 "However, that does not -- we're not allowing people to 6 6 give us additional information because we expected didn't capture any of that on paper. 7 7 So we didn't take notes of what that people to clearly state their religious -- their 8 8 discussion was, so, no. strongly-held religious belief in the first 9 9 application." It wasn't a second go at it. No, okay. And when -- in general, when you 10 10 considered an appeal, okay, can you tell me what the Okay. And, to your knowledge, did anyone 11 factors were that you considered as to whether or not 11 speak to any of the applicants at either the initial 12 somebody had a sincerely-held religious belief that 12 exemption request -- if there was a question by the 13 would warrant them not taking the vaccine in their view? 13 committee, did anybody reach out to any of them and say, 14 So what we had was -- we had a little bit --14 "Hey. What did you mean by this? We don't understand 15 15 we had their original application. Their exemption this" or anything like that? 16 16 request form, we had that, and any documents that came So I cannot speak to if there were 17 17 with that. They were allowed to provide supporting clarifications in the committee because I wasn't there. 18 18 documentation if the application didn't provide them O

enough space, so we had all of that, and we also had the e-mail that they had -- that they are requesting an

appeal because that was the process, for them to send an e-mail that they were requesting an appeal, and so we

23 often -- we had that, as well. 24

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So those two documents: their original application for the exemption and then their e-mail

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But I personally have met with other employees. I did not meet with Dawn, but I met with other employees with some other members of the senior team, typically at their request to discuss their exemption, but we did not -- I did not seek -- I did not seek clarification with anyone individually. Okay. And did those discussions influence the

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Dr. Wadsworth - by Mr. Daller 1 ultimate decision in any way? 2 A Are you referring to the employees that I met 3 in person with? 4 Q. Yes, me'am. 5 (Telephonic interruption.) 6 THE WITNESS: Breadan, were you saying 7 something? 8 MR. HENNESSY: No. Sorry. That's the dog 8 in the background. 10 THE WITNESS: Okay. And I know Tim not 11 MR. HENNESSY: I apologize. 11 THE WITNESS: Okay. And I know Tim not 12 supposed to ask questions, but as I — to the best of my 14 memory, no. I do not believe that after meeting with 15 the employee that we made any changes. 16 I think that one thing I do neall is we sent 17 — we went back to the Exemption Committee appeal, the 18 Appeal Committee, which I was on, and we talked about 19 that med—that religious evemption another time, but 20 I do not recall that we changed any after we met with an 21 semployee face to face. 22 BY MR. DALLER: 23 YMR. DALLER: 24 You were involved in, did they only include you and the 25 employee face to face. 26 BY MR. DALLER: 27 Or. Wadsworth - by Mr. Daller 28 YMR. DALLER: 29 Or. Wadsworth - by Mr. Daller 20 Or was there anybody outdide of the group of Exemption 20 Committee members, the Appeal Committee, whould have been in attendance in addition to anybody on the appeals:— 28 I wash of the entire appeal exemption group, so that 29 The was the entire appeal exemption group, so that 29 The was the entire appeal exemption group, so that 20 The was there anybody outside of the group of Exemption 21 Committee members, the Appeal Committee members that have have been in attendance in addition to anybody on the appeals:— 21 I wash the the entire appeal exemption group, so that 22 The wash the contract page a exemption group, so that 23 The wash the group of Exemption 24 A. So, yes. The other person who would have been in attendance in addition to anybody on the appeals:— 25 The wash to exemption any the person believe that human resource sort bulkers. 26 The wash the exemption formatice team, 27 The wash to exemption formatice team, 28 The wash to exemp		Case 2:23-cv-00263-KNS DARGARAWARS	WORI	H, DRIFFER 10/02/23 Page 249 of 265
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## NEMPLESSY: No. Sorry. That's the dog of in the background. ## ITHE WITNESS: Okay. ## MR. HENNESSY: I apologize. ## THE WITNESS: Okay. And I know I'm not somebody's request where the sincerity of the belief is questioned, that they should — that the employer should a the employee that we made any changes. ## Witness: Okay. And I know I'm not the employee that we made any changes. ## ITHE WITNESS: Okay. And I know I'm not the employee that we made any changes. ## ITHE WITNESS: Okay. And I know I'm not the employee that we made any changes. ## ITHE WITNESS: Okay. And I know I'm not the employee that we made any changes. ## ITHE WITNESS: Okay. And I know I'm not the employee that we made any changes. ## ITHE WITNESS: Okay. And I know I'm not the employee that we made any changes. ## ITHE WITNESS: Okay. ## ITHE WITNESS: Okay.	6	THE WITNESS: Brendan, were you saying	6	A. I am familiar. I'm not an expert, but I'm
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22 BY MR. DALLER: 23 Q. Okay. And were those meetings that, you know, 24 you were involved in, did they only include you and the 25 employee or another member of the Exemption Committee, 26 EXLER REPORTING 27 At 192-21-4007 28 PJ. Wadsworth - by Mr. Daller 19 Or. Wadsworth - by Mr. Daller 10 or was there anybody outside of the group of Exemption 29 Committee members, the Appeal Committee members that 30 could have been in attendance at those meetings? 40 A. So, yes. The other person who would have been 41 included myself and others. It wasn't that entire team, 42 but I was included. 43 So it was with the CEO, and so Jack Lynch 44 would be in the one case I'm thinking about, so Jack 45 Lynch was there. I was there. Pam Teufel was there. 46 I what was the goal, if you will, of the 47 organization in having that meeting? 48 A. So Main Line Health is a very transparent organization, and so if an employee wants to talk with us or if we are out and about and people raise a question, a concern, a rumor, I mean, I haven't seen the EEOC form in a while, so I can't speak to it. 49 Q. Okay. Do up believe that human resource workers, individuals, should be familiar EXLER REPORTING 412-221-4007 21 Dr. Wadsworth - by Mr. Daller 22 with the requirements of the EEOC? 23 A. Yes. I believe that is part of their 24 a. Yes. I believe that is part of their 25 exemption should have been granted? 26 you do it surprise you that a Main Line Health human resource professional who reviewed her application of form. 28 BY MR. DALLER: 39 Q. You can answer. 30 A. I mean, are you asking — are you asking — are you asking me to speak about what someone else in HR stated? 31 Q. No. I'm asking whether it would surprise you, based upon, you know, your recollection of Mrs. Gray's religious exemption form, that a human resource professional who reviewed her application, that human resource professional whore where the EEOC? 30 A. No. I'm asking whether it would surprise you what a manual in the end the part of the EEOC? 31 MR. HENNESSY: Tim				
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Case 2:23-cv-00263-KNS DAGGAMMENTS 21 FAIL TO 10/02/23 Page 250 of 265 24 Dr. Wadsworth - by Mr. Daller Dr. Wadsworth - by Mr. Daller 1 that. 1 and review of the exemption requests. 2 BY MR. DALLER: 2 And, to your recollection, did anyone say that 3 3 Let me clarify the question. I'm not asking Mrs. Gray's application reflected bad science? 4 4 whether you're aware of it. You know, what your opinion A. I don't recall that statement. 5 of whatever statement was made. 5 Q. Okay. And if anybody -- if there was a 6 It's more would it surprise you, based upon 6 science issue, you know, before the committee, did the 7 7 your knowledge of the EEOC's processes and things like committee rely on a medical expert who was on that 8 8 that, that a human resource professional would have committee to sort of clarify and say, "Yes, this is --9 9 considered that her exemption request should have been this is a medical statement," or -- and -- go ahead. 10 10 granted? Did anybody -- did the committee rely on a 11 11 MR. HENNESSY: Again, same objection. medical expert on the committee regarding "Was this a 12 BY MR. DALLER: 12 medical statement"? 13 13 As part of our process, if we had a question, **Q.** You can answer. 14 14 then the person with the greatest expertise, so in this I mean, not understanding the context, it's 15 15 very difficult for me to answer that question. case our chief medical officer, Dr. Jon Stallkamp, who 16 So when you considered exemption requests in 16 would have been in the room or on the call if it was 17 the appeals, did you have written criteria that you 17 virtual, he would have provided or answered questions 18 used? 18 that were medically related, yes. 19 19 So I believe we did, but I don't recall that I Okay. And would you have deferred, then, to 20 had it out during our meeting. 20 whatever it was that he said in regards to the medical 21 21 It was sort of -- when we did our appeal aspect? 22 22 exemption meeting, our legal counsel was there, and we In other words, a member of your committee 23 23 talked about what were -- what were the accepted asked him a question and he would make -- give an 24 exemptions and what would fall outside of that. 24 answer. The committee would say, "Okay. That's what 25 25 So we would, you know, sort of have a pre we're going to use as the fact in this particular **EXLER REPORTING EXLER REPORTING** 412-221-4007 412-221-4007 23 25 Dr. Wadsworth - by Mr. Daller Dr. Wadsworth - by Mr. Daller 1 discussion about, "Okay. So just remind everybody this 1 situation," his statement? 2 2 is what we're looking at. Here's our job, and, you I would say -- again, not recalling the 3 3 specifics of this conversation related to Dawn, I would know, here's what we're trying to validate, and, you 4 know, here's the exemption or the exemption guidelines," 4 say we would, but we could ask another clarifying 5 you know, just -- but I don't recall them. I didn't 5 question, which is completely part of our culture, and 6 have them in the room with me. I don't remember that I 6 Jon would also speak about our medical expert which 7 7 had them on my computer either. would have been Dr. Larry Livornese and/or Dr. Brett 8 8 Okay. Was the use of medical information a Gilbert as the system chairs for infectious disease, and 9 9 preclusion to getting a religious exemption request? we talked to them nearly every day about new things that 10 I'm not sure I'm clear what you're asking me. 10 were coming out, and so, I mean, he might even say, "I'm 11 11 So if somebody included anything in their going to call Brett and ask him." 12 religious exemption request that had to do with 12 Like, it was that fluid. If we had a question 13 13 medicine. Okay? and Jon either hadn't spoken to Brett or Larry about 14 Was that something that would lead to a denial 14 that, we would literally call them. 15 15 of their request? Okay. So would it be correct to state, then, 16 16 Are you asking if they -- if they combined a that specific questions about a specific exemption 17 17 medical exemption request with a religious exemption request could have gone to Dr. Gilbert or Dr. Livornese? 18 18 Only the clarifying question. request? 19 19 Q. Okay. So if there was a question about a

Q. Oh, no. They're not asking for a medical exemption request, but there's medical information in the religious exemption request form.

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Did that automatically lead to a denial?

I would say that I don't believe there was anything that was an automatic denial.

There was careful deliberation and discussion

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Α. Yes. That's accurate.

23 Okay. And, to your knowledge, are there any 24

records of these ad hoc discussions?

for their opinion?

No. Not that I'm aware of.

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statement that somebody made, they could have been asked

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	Dr. Wadsworth - by Mr. Daller		Dr. Wadsworth - by Mr. Daller
1	Q. To your recollection, did any of these	1	multiple conversations over the number of years that
2	discussions occur in consideration of Mrs. Gray's	2	I've been here.
3	exemption request?	3	Q. Okay. So you said that you didn't know you
4	A. No. Not that I'm aware of.	4	know, that you knew her fairly well and it surprised
5	Q . To your understanding or recollection, did	5	you.
6	Dr. Stallkamp express an opinion as to the medicine or	6	Did that surprise influence your decision in
7	science of Mrs. Gray's exemption request?	7	any way?
8	A. I don't recall that.	8	A. So I was surprised that Dawn had that
9	Q. Okay. And are you, yourself, religious?	9	that I was surprised, yes. But what influenced me is
10	A. I am Christian.	10	I always thought very highly of Dawn, and I always
11	Q. Okay. Does do you use your Christian	11	appreciated her very frank and up-front conversations
12	beliefs in making decisions, like, everyday decisions?	12	with me, you know, sharing the challenges of working in
13	A. I would say mostly, yes.	13	the Paoli emergency department, and, you know, talking
14	Q. Okay. All right.	14	about her team, and, you know, she loved the people that
15	MR. DALLER: Let's pull up Mrs. Gray's	15	she worked with. And I always found her to be valuable,
16	exemption request, Ms. Begley.	16	a very valuable person, and so I was I personally,
17	THE VIDEOGRAPHER: (Indicating.)	17	I was sad that the appeal you know, I was just sad
18	BY MR. DALLER:	18	that we weren't going to get to a place.
19	Q. And have you reviewed the exemption request,	19	Q. Okay. So that sentence came after the fact
20	Dr. Wadsworth?	20	then and the discussion and the consideration?
21	A. Yes, I have.	21	A. Yes, of course.
22	Q. Okay. Recently?	22	Q. Okay. But the fact that if I understood
23	A. Yesterday.	23	your testimony correctly, it doesn't sound like you ever
24	Q. Yesterday, okay. All right. You recognize	24	had engaged with Mrs. Gray in a discussion about
25	this as her exemption request, correct?	25	religion prior to the exemption request, correct?
23	EXLER REPORTING	23	EXLER REPORTING
	412-221-4007		412-221-4007
	27		29
	Dr. Wadsworth - by Mr. Daller		Dr. Wadsworth - by Mr. Daller
	Dr. Wadsworth - by Wr. Daller		Dr. Wadsworth - by Wr. Daner
1	A. Yes, I do.	1	A. Correct. I don't believe that we did.
2	Q. Okay. And when you reviewed it now, did it	2	Q. Okay. And because of your familiarity with
3	bring any recollection as to your decisionmaking	3	her, was that surprise that she had applied, was that
4	process, for yourself individually, at the time of the	4	something that you viewed negatively because, you know,
5	review of her application?	5	perhaps you felt she was hiding something from you
6	A. No. No. I don't have any specific memory	6	during those discussions?
7	other than I was I was surprised because I have I	7	A. Oh, no. Absolutely not. I was just sad
8	have, you know, of all of the exemption requests and	8	because I valued Dawn was a very valuable member of
9	appeals, Dawn is somebody who I feel like I know and	9	the Paoli team, and I was sad by that.
10	have seen on multiple occasions in the Paoli ED and	10	Q. Okay. Yeah. There were never any performance
11	always had, you know, very good conversations with her,	11	issues with her, correct?
12	so I hadn't realized that I just didn't know that	12	A. I can't speak to exactly that, but I I
13	she, you know, had an exemption request.	13	mean, she was a clinical coordinator, which is a
14	And so, I mean, of all of the exemption	14	leadership position, and she was a very hard worker and
15	appeals I looked at, a handful that I know personally,	15	my impression was she was a high performer, but I can't
16	Dawn was one of them, and I was like, "Oh."	16	speak to what was written in her evaluations.
17	I didn't realize that this was I didn't	17	Q. Okay. But as chief nursing officer, I believe
18	realize this. I didn't have any previous knowledge of	18	now, or chief operating officer at the time, something
19	her religious beliefs prior to seeing this.	19	like that would have bubbled up to you, had it been
20	Q. Okay. Were you aware of the fact that there	20	true, correct?
	was concern vicio vou avvaio di uio lact tilat tiloto		G GG COLLECT
21	were certain strike that.	21	A. No, it would not necessarily get to me at that

22 -- unless it was severe, which it was not. I would not Did you have a belief as to whether she was religious before you saw this exemption request? 23 be aware. I wouldn't be aware. I don't know that I did or didn't. I don't 24 Okay. All right. And as you reviewed her

25 application and the appeal, did anyone say that there **EXLER REPORTING**

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remember us ever speaking about religion, but I did have

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32 Dr. Wadsworth - by Mr. Daller Dr. Wadsworth - by Mr. Daller 1 was bad science or inaccurate information in it? 1 they are the same. 2 I don't recall those terms. 2 Okay. All right. And that is what you 3 3 Okay. Any terms like that? reviewed, correct? 4 4 Α. I don't recall. Α. Yes. 5 Q. You don't recall, okay. 5 Q. All right. 6 So before we look through this, do you have 6 MR. DALLER: So, Ms. Begley, if you can go 7 7 any recollection as to why you did not believe her to the Page 2, Question 1 document? 8 8 exemption should be granted? THE VIDEOGRAPHER: (Indicating.) 9 9 I mean, I don't have specific recollection of BY MR. DALLER: 10 10 the conversation specifically about her appeal. Q. And if you need me to read the question, 11 11 Q. Okay. But you reviewed it yesterday, though, Dr. Wadsworth, please let me know, you know, in terms of 12 correct? 12 before we read her answer, and I'll certainly kind of 13 Yes. 13 A. help refresh your memory. 14 14 Could you read Question 1? Q. Did that review give you any recollection of 15 15 why you decided that it should not be granted? Sure. So, "In the space below, please provide 16 Α. Yes. 16 a personal statement detailing the sincerely-held 17 Q. Okay. Can you tell me those issues, please? 17 beliefs that are religious in nature regarding your 18 So following my review yesterday -- and I 18 COVID-19 vaccination objection explaining why you are 19 might have reviewed it a week ago, but yesterday I did 19 requesting this religious exemption, the religious 20 review it again. 20 principles that guide your objections to COVID-19 21 21 vaccination, and the religious basis that prohibits the It was related to what Dawn stated as her 22 22 sincerely-held religious belief, and that was that the COVID-19 vaccination." 23 23 content was not consistent with -- it was focused on And then the next sentence basically says, 24 genetic components, as I recall, and that -- that was 24 "Use more paper if you need it." 25 25 not -- that was not a reason to not take the vaccine. Thank you. **EXLER REPORTING EXLER REPORTING** 412-221-4007 412-221-4007 31 33 Dr. Wadsworth - by Mr. Daller Dr. Wadsworth - by Mr. Daller 1 Q. Okay. So when you said that the reason was Q. All right. And do you need a minute to read 2 based upon genetic components, what do you mean by that? her answer to Question 1? 3 3 Well, I believe -- and if you can pull it Yes, I do. 4 up -- I believe that that was the terminology that Dawn 4 Q. Okay. Go ahead. Let me know when you finish. 5 5 used in writing her exemption. Α. (The witness reviews the document on the 6 Okay. So the fact that that term appeared in 6 screen.) 7 7 the request, that was sort of the trigger, then, for the Okay. I'm ready. 8 denial? 8 All right. So after reading that, does that 9 9 Well, we read the entire application multiple give you any recollection as to why that you believed 10 times and reviewed the statement from her pastor, but, 10 that her exemption request should be denied? 11 11 yeah. I mean, the things that were stated, including Yes. Again, it speaks to not having genetic 12 some of the biblical quotes, did not speak to -- it was 12 components injected into her body, and, again, that's 13 -- I mean, it's her religious belief, but it doesn't 13 not -- that's not a rationale for not taking the COVID 14 correlate with why you wouldn't take the COVID-19 14 vaccine. 15 15 vaccination. Okay. And why is that not a rationale for not 16 16 Q. Okay. All right. Let's kind of go through taking the COVID-19 vaccine? 17 17 the exemption request. There's a typewritten version of Because the way that -- I'm not a medical expert, but as I understand it, the way that the vaccine 18 18 the written answers, and for the sake of reading, I 19 think we should probably look at those, but I just want 19 was created, it does not change any of your genetic 20 20 to make sure that, you know, you agree that what you makeup at all, and so, therefore, it is -- it's to 21 reviewed, though, was typewritten versus handwritten? 21 improve your immunity, but it's not going to change any 22 22 You don't have -- you know, you agree they're of your genetic makeup. 23 the same? It's not like one has one set of information 23 Q. Okay. Did Mrs. Gray state that in her 24 and the other says something different, correct? 24 paragraph at all? 25 25 In the initial application, I believe that She stated genetic components and that they **EXLER REPORTING EXLER REPORTING** 412-221-4007 412-221-4007

Case 2:23-cv-00263-KNS DAGGAMMENTS 21 FAIL TO 10/02/23 Page 253 of 265 36 Dr. Wadsworth - by Mr. Daller Dr. Wadsworth - by Mr. Daller 1 couldn't be injected into her body. "I've chosen to apply for a religious exemption because 2 Okay. Is that statement inaccurate? 2 of personal conviction of my belief." 3 Well, in my opinion, as a nonmedical expert, 3 Do you see that? 4 4 genetic components implies to me that there's something Α. Yes. 5 in the vaccine that is going to influence her genetics, 5 Q. Any issue with that statement in terms of how 6 and that's not accurate. 6 it may have influenced your decision on her exemption 7 7 Okay. Did any of the medical people tell you request? 8 8 that? Α. No. 9 9 It's one of the things that we've discussed. Okay. And then she goes on to say that "I 10 10 I don't recall specifically related to this application, have a personal explanation as to why I religiously 11 11 but it was one of the topics that we've discussed about object," correct? 12 the vaccination and what -- what can be -- you know, 12 A. Yes. That's what that says. 13 13 what people can object to as your religious exemption And I think earlier you testified that, you 14 14 related to how the vaccine is created. know, you make at least some of your decisions or you 15 15 Okay. So you're aware that Ms. Gray is a may have even said most, I forget, where you have -- you 16 master's-prepared nurse, correct? 16 know, you keep in mind your religious beliefs. 17 Yes, I am. 17 Is that correct? Α. 18 18 Q. And are master's-prepared nurses trained in Α. Yes. 19 writing precisely? 19 Q. Okay. So the statement that she made there is 20 Is that part of the educational process? 20 kind of consistent with what you said, right? 21 21 I mean, yes. Master's-prepared nurses are She's using her beliefs to make a decision and 22 22 expected to write with a high degree of professionalism she's going to give you an example of how she did it. 23 23 and have a, you know, a minimal -- I don't know. Is that a fair interpretation of that 24 24 statement? I'm not a professor in the school of nursing, 25 25 but, yes. Master's-prepared nurses would need to --A. I think so. **EXLER REPORTING**

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Dr. Wadsworth - by Mr. Daller

1 would be expected to write in a certain -- at a certain 2 level.

Okay. The COVID vaccines that were available at the time, did they contain genetic material?

Again, I'm not a medical expert. I do not believe that they did.

Okay. If that was -- and you said that you made the conclusion that that's what this statement was talking about, correct? That genetic material being injected --

A. Yes.

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-- is that -- and would you agree that if your understanding of the COVID vaccine was incorrect, that that would have led you to an incorrect interpretation of this statement?

A. I mean, yeah. Yes. Yes.

All right. So if, indeed, the COVID vaccine did contain genetic material that was injected, then her belief system there would be correct; is that not true? MR. HENNESSY: Objection to form.

21 BY MR. DALLER:

Q. You can answer.

Δ I'm not a medical expert.

24 Okay. All right. Now, if we go back to the 25

beginning of the paragraph, you know, she says that, **EXLER REPORTING**

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Dr. Wadsworth - by Mr. Daller

1 So then she goes on to, you know, talk about her attempts at conception, and, you know, determine 3 whether it was a structural issue or a hormonal issue, 4 correct?

Α. Yes. That's what's written.

6 Q. Okay. And that they tried several, quote, "low-tech options to achieve a successful pregnancy, but 7 8 that they did not work." 9

Do you see that?

I do. Α.

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11 Q. Did you have an understanding what low-tech 12 options might be?

As a nurse, I have some understanding of what they would be. I'm not sure I could list them all, but, yes, I have some understanding.

16 Okay. Can you just give me a couple that you 17 would think of?

One I would think of would be trying to identify when ovulation was occurring and using temperatures to help inform the best time to achieve pregnancy.

22 Okay. And checking temperature, that's like a 23 measurement, correct?

Yes, you're temperature is a measurement. Α.

Okay. And in taking a measurement, such as **EXLER REPORTING**

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40 Dr. Wadsworth - by Mr. Daller Dr. Wadsworth - by Mr. Daller temperature, does one change the thing you're taking the would result in a healthy uterus being able to accept a 2 temperature of? 2 pregnancy. 3 3 Can you restate that? Q. Okay. And what is it that implants into the Α. 4 4 uterus then? Sure. Let me use a simple example. If I want 5 to check to see if the steak is cooked, I take a 5 Α. So the -- again, I'm not a medical expert, but 6 temperature gauge and stick it inside and it tells me 6 as I understand it, the fertilized egg would implant 7 7 how hot the meat is, correct? into the uterus. Q. Okay. And would you agree that a fertilized 8 8 Α. Yes. 9 9 Did I change the temperature of that steak by egg is, broadly speaking, genetic in nature? 10 10 putting in the thermometer at all? Yes. Yes. I mean, it's a zygote, so, yes. 11 11 Α. No. It's a fertilized egg with DNA, so it's genetic in 12 Q. Okay. And if I wanted to change it, I needed 12 nature, yes. 13 to do something to it, right? Like, put it back in the 13 Q. Okay. And then Ms. Gray states that "Our 14 oven, right? 14 belief was that if we were to have children, that God 15 A. Yes. 15 would allow it to happen through natural means," 16 Q. And then the oven, giving off heat, would 16 correct? 17 alter the steak some more, correct? 17 Α. That's what that says. 18 18 Yes, provided the oven is on. Q. Okay. And all the things that we were just Α. 19 Good point. Good point. And that's why I let 19 talking about, in a way, are genetic, correct? I mean, 20 my wife cook just so I don't do something like that. 20 reproduction is all about genetics, correct? 21 21 Correct. And then going back to Mrs. Gray's statement, Α. 22 22 she said that when they next kind of presented the next Okay. And Mrs. Gray's belief is that anything 23 23 options, if you will, they "prayerfully considered them that happens genetically to her is something that is 24 24 based upon her religious beliefs, right? and concluded that their faith and personal beliefs did 25 25 not peacefully allow us to take those further steps," MR. HENNESSY: Objection. Are you **EXLER REPORTING EXLER REPORTING** 412-221-4007 412-221-4007 39 41 Dr. Wadsworth - by Mr. Daller Dr. Wadsworth - by Mr. Daller 1 correct? 1 restating Mrs. Gray's beliefs? 2 2 That is what's written. BY MR. DALLER: Α. 3 3 Okay. And then she describes several of those Would you agree with that statement? Go 4 steps: hormones, artificial insemination, in vitro 4 ahead. Let me rephrase it. 5 5 fertilization, correct? She used an example of genetics, if you will, 6 6 Α. Yes. and relayed that to how she made medical decisions, 7 correct? Okay. And what would exogenously-administered 7 Q. 8 8 hormones do to a person's body? And not, like, She is using examples that are written here 9 9 specifically, but just in general terms? based on her understanding of them. 10 So as I understand it as a nurse, it changes 10 Okay. And based upon your understanding of 11 11 the levels of those hormones in your body which can these techniques and the medicine, do you disagree with 12 prepare, in this case, the uterus to be more accepting 12 Mrs. Gray's presentation of the medicine? 13 13 of a fertilized egg and also can lead the ovaries to MR. HENNESSY: Objection to form. 14 produce more eggs and bring them to maturity, therefore, 14 BY MR. DALLER: 15 15 increasing the likelihood of a successful pregnancy. You can answer. 16 16 Okay. So it kind of manipulates the body into I don't think that I can speak on -- I can 17 doing something, correct? 17 respond to what's written. I don't believe I can speak 18 Yeah. It's similar to a medication that you 18 to what Dawn was thinking about when she wrote this. 19 19 take to control high blood pressure, but it's a hormone But you would agree that whatever she was 20 20 and it's going to -- it's going to tell the body, the thinking about was probably based upon her beliefs, 21 21 uterus or the ovaries, it's going to -- it's going to though, correct? 22 22 tell the ovaries to do something different or give them I mean, she said that several times in there 23 more of something that they have that's low. 23 or do you disagree that this is foundational to her 24 It's going to influence them, in this 24 belief? 25 25 particular case, potentially in a positive way that I mean, this is her --**EXLER REPORTING EXLER REPORTING** 412-221-4007 412-221-4007

44 Dr. Wadsworth - by Mr. Daller Dr. Wadsworth - by Mr. Daller 1 MR. HENNESSY: Objection. Form. 1 Okay. And is that belief valid for them? 2 You can answer. 2 MR. HENNESSY: I'm going to object to 3 3 THE WITNESS: This is her sincerely-held form. 4 4 religious belief. I would state that horm- -- again, BY MR. DALLER: 5 I'm not a medical expert, but hormones -- hormone levels 5 Q. You can answer. 6 6 influence how our body works, similar to how vitamins Α. All individuals have different beliefs based 7 7 influence how our body works. Taking more vitamins to on their knowledge, understanding and their religious 8 be healthier or to improve our issues is a good thing. beliefs, and I'm not going to speculate on how people 9 9 Okay. believe or feel about hormones in gender-affirming care. 10 10 A. Similar to people who take hormones to achieve Okay. And then Ms. Gray goes on to talk about 11 11 a successful pregnancy. That could be a good thing, but Psalm 133-13 through 16, and, I mean, she says "God 12 I can't -- I can't speak to what Dawn's personal opinion 12 created her innermost being. Knit her together in her 13 13 mother's womb. She's fearfully and wonderfully made, is about hormones. 14 14 and that God essentially created her and that He knows She lists it here as something, it looks like, 15 15 she's not comfortable with, but I can't speak to that, everything about her or that was ordained for her before 16 but if I compare hormones to medications, in many cases 16 it happened." 17 it makes sense to make the hormones to achieve -- to 17 Is that kind of a paraphrase of the Psalm 18 18 help your body be in a better state. there? 19 19 Q. Okay. Does more hormone usage always improve Α. That is what is written. 20 body function? 20 Okay. And, I mean, do you have any objection 21 21 to her belief or think it's not true or any concern as Again, I'm not a medical expert, but, no. 22 There can be varied response based on the individual to 22 it applies to her application? 23 23 hormones and other treatment that we provide. Α. It's a quote she provided. I don't have an 24 Q. Okay. Is it okay for athletes to use anabolic 24 opinion about it. 25 25 steroids? Okay. But it's a quote that she provided to **EXLER REPORTING EXLER REPORTING** 412-221-4007 412-221-4007 43 45 Dr. Wadsworth - by Mr. Daller Dr. Wadsworth - by Mr. Daller 1 MR. HENNESSY: I'm going to object to explain her belief, correct? 1 2 2 form. I mean, this is -- again, we have a hard stop at Α. Yes. 3 3 12 and I --And in evaluating her belief, you do not have 4 MR. DALLER: I understand, Brendan, and I 4 an opinion of this, correct? 5 mean, if it's a form objection, you've stated it. We 5 In my opinion, this quote does not --6 6 (Zoom interruption.) can move on. 7 7 Go ahead. BY MR. DALLER: A. 8 8 No. Go ahead. I'm listening. **Q.** Is the use of anabolic steroids by an athlete Q. 9 9 MR. HENNESSY: You can answer the a proper -- is it a use of hormones the way those 10 hormones were intended when God gave you hormones? 10 question. I'm sorry about the background noise. 11 11 So I'm -- again, I'm a mater's-prepared nurse. Go ahead. 12 Not a medical expert. I'm not going to -- I don't have 12 THE WITNESS: That's okay. 13 13 an opinion about that. In this quote -- in my opinion, there isn't 14 I, you know, leave it to the professional 14 anything in this quote that supports the earlier 15 15 organizations that say things are permitted or not sentences. 16 permitted. 16 BY MR. DALLER: 17 17 Okay. So the fact that she said that "God So that's my answer to that. 18 18 created her innermost being," that does not relate at Okay. And what about the use of hormones for 19 gender manipulation? Is that something -- I mean, it's 19 all to what she said before? 20 20 Well, in my belief, God created all of us. certainly a medical treatment, correct? 21 21 A. Yes, it is a medical treatment. Right. Okay. I think anybody who she would 22 22 present that to -- I mean, I think that would be a fair Q. Okay. And can somebody have a belief that 23 using hormones in that -- for that purpose is against a 23 reading of it, right? 24 24 religious belief? It's written in the first person. So she's 25 25 speaking about herself. She's not speaking about Yes, they could. **EXLER REPORTING EXLER REPORTING** 412-221-4007 412-221-4007

48 Dr. Wadsworth - by Mr. Daller Dr. Wadsworth - by Mr. Daller 1 anybody else at this point because -- I mean, is God's 1 BY MR. DALLER: 2 creation of everybody relevant to her religious 2 Q. The statement that she "is not comfortable 3 3 exemption request? having genetic components that my body did not create 4 4 injected into my body" -- do you see that statement? Α. I -- I can't testify to the quote --5 Q. Okav. 5 Α. Yes. 6 6 -- and what Dawn thinks about the quote. Q. And what's your disagreement with that Α. 7 7 statement? Okay. And then she says that "it's this 8 belief system that guides my objections," correct, "to 8 My disagreement is that the vaccine does not 9 getting the vaccine"? 9 have genetic components to restrict her from getting it. 10 10 Α. Yes, that is what's stated. Okay. And in Page 2, Question 3, that 11 11 Q. Okay. And you said that you cannot testify as question basically said "Does your belief prevent you 12 to her belief system, correct? 12 from taking all vaccines or just some of them or none of 13 What I stated was I couldn't testify to Dawn's 13 them," and then there was a check box, and she chose 14 belief about what this quote -- how to interpret this 14 that "It's some, but not all vaccines." Okay? 15 15 quote. And then in the space that was provided, this 16 Okay. But in that sentence she says then "It 16 is what she stated, and go ahead take a minute to review 17 is this belief," referring to Psalm 139, "that guides 17 18 18 her objections to taking the vaccine," correct? A. (The witness review the document on the 19 That is what it says. 19 screen.) 20 20 Okay. But you don't understand the -- or you I read it. 21 21 cannot interpret the quote, correct? Okay. And based upon what she wrote there, 22 22 A. I read the quote and I don't under- -- I -does that influence your decision as to her exemption 23 23 I'm not a religious expert either, and so I had not read request in any way? 24 this quote ever before, and I don't -- I believe that 24 Well, I mean, she's saying that she'll take --25 25 there's parts of it that talk about that she was created she's not opposed to all vaccines, and she took the flu **EXLER REPORTING EXLER REPORTING** 412-221-4007 412-221-4007 47 49 Dr. Wadsworth - by Mr. Daller Dr. Wadsworth - by Mr. Daller by God, and, you know, everything that she was provided vaccine, and so it should not preclude her from taking 1 2 2 by God, but I don't understand the connection to her the COVID-19 vaccine. 3 3 sincerely-held religious belief related to the vaccine. Q. Okay. Are they the same type of vaccine? 4 Q. So if you don't understand it, you can't 4 A. Again, I'm not a medical expert, but they are 5 really have an opinion on it, correct? 5 similar. 6 6 MR. HENNESSY: Objection. Okay. So are you basing your decision upon 7 7 your understanding of their similarity? BY MR. DALLER: 8 8 I'm basing our decision, as I recall, on the You can answer. 9 9 lack of a sincerely-held religious belief that actually I don't need to be a religious expert to 10 interpret and understand the religious exemption 10 would be a restriction to the COVID-19 vaccine. That 11 request. 11 isn't what I read here. 12 Q. But you need to understand the facts that are 12 Okay. Could somebody get an exemption to the 13 there, correct? 13 flu vaccine and not the COVID vaccine for religious 14 Α. I need to understand the quote as it's 14 reasons? 15 15 written. I would say it's unlikely, but I don't know --16 16 Q. But how do you understand it if you just said I don't know. 17 17 Okay. Why would Jack Lynch put out an e-mail you don't understand it? 18 MR. HENNESSY: I'm going to object to 18 saying then that "If you had a flu vaccine exemption, it 19 form. Again, I think we're getting into argument realm 19 did not automatically give you a COVID vaccine 20 20 exemption"? here. 21 21 MR. DALLER: All right. What was the rationale for an intelligent 22 22 MR. HENNESSY: I think she stated her -individual like Mr. Lynch to make a statement like that? 23 she responded accurately and the question is now 23 So we have -- we've been giving the flu 24 24 changing her response. vaccine for likely 15 years. Don't hold me to that date 25 exactly, but probably 15 years, and the intent of that MR. DALLER: All right. **EXLER REPORTING EXLER REPORTING** 412-221-4007 412-221-4007

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Dr. Wadsworth - by Mr. Daller

communication was if people had an exemption to the flu vaccine, they shouldn't assume that they would have an exemption to the COVID-19 vaccine.

Okay. Understood. What -- you know, you said the vaccines are similar, correct?

A. Yes.

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Q. So what religious belief then would prevent you from taking the COVID vaccine, but being -- would prevent you from taking the flu vaccine, but be insufficient to allow you to take the flu vaccine?

MR. HENNESSY: Objection to form.

12 BY MR. DALLER:

Q. You can answer.

MR. HENNESSY: I mean, I don't know if she can. She's not being offered as an expert on vaccines.

MR. DALLER: That's correct. She's making decisions on religious exemptions.

18 BY MR. DALLER:

> Q. So if you can't answer that, that's fine. You know, we'll just say that and we can move on.

Yeah, I don't think I can.

Q. Okay. All right.

MR. DALLER: If we can look at Page 4,

24 Question 5.

> THE VIDEOGRAPHER: (Indicating.) **EXLER REPORTING** 412-221-4007

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Dr. Wadsworth - by Mr. Daller

BY MR. DALLER:

Question 5 says, "Have you ever been approved for any other type of religious accommodation during your employment with MLH? Yes or no? And then please explain."

Mrs. Gray indicated no and then provided this explanation. If you would just take a briefer minute, review her response, please.

(The witness reviews the document on the screen.)

Okay.

Okay. And any opinion as to this paragraph regarding the sincerity of her belief as she described it in her application.

As it relates to this topic of caring for patients, it is completely acceptable to ask for or switch assignments with a colleague when your religious beliefs interfere with what that patient's care might be, and so that's a completely acceptable request that we honor. That's required by the state board of nursing, as well, so it's completely acceptable, and we do this -- this does happen, as long as there's somebody else to care for the patient.

The only time it wouldn't be okay is if there was no one else who could provide immediate care to the

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Dr. Wadsworth - by Mr. Daller

patient, and then Dawn or others would provide care 2 until someone could be reassigned in order to relieve 3 that person with that religious belief.

Okay. This accommodation does not require an application for it, though, right? Like, a religious exemption request that goes to a committee?

So at Main Line Health it does require acknowledgement that you have this religious belief.

For example, in labor and delivery, it may not -- it may not -- Dawn may not have completed an application in the ED because it doesn't happen that often, but in labor and delivery, the nurse does not need to state to the nurse manager that they have a religious belief and that they don't want to take care of patients who are going through a pregnancy termination, that's, I'll say, not medically indicated, and -- or even if it is medically indicated, they can opt out of that as long as there's another nurse to provide care to the patient, but they do that ahead of time.

That is not something that happens, you know, during their shift and the first time we're hearing of it, so we actually do know which nurses would prefer to opt out. And, again, as long as the patient can get high-quality care by someone else, that's okay, but in **EXLER REPORTING**

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Dr. Wadsworth - by Mr. Daller

the absence of someone else who can take over the care, then that nurse steps up until such a time that they can 3 be switched out. 4

Q. Okay. And that's primarily labor and delivery, correct, what you just --

> Primarily. Α.

Q. Okay. All right.

MR. DALLER: If we can go to Page 4,

9 Question 7, please.

10 THE VIDEOGRAPHER: (Indicating.)

11 BY MR. DALLER:

12 Q. And then the question was, "Please state how 13 receiving the COVID vaccination will negatively affect 14 your purpose in life or death." Okay? And if you could 15 just briefly read that paragraph.

(The witness reviews the document on the screen.)

I read it.

19 Okay. Can you just briefly describe to me 20 what your opinion of that paragraph is as it relates to 21 Mrs. Gray's exemption request?

In my opinion, in reading this, Dawn is describing her body as a temple, and that it's solely made by God and that she doesn't want to do anything that would, in her relig- -- in her strongly-held

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	54		56
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1	Di. Wadoworth - by Ivil. Dallol		Dr. Hadoword - by Mr. Dallo
4		4	
	religious belief, impact it which would change how God	1	A. Yes.
2	would view her.	2	Q. "My body." It's her body, correct?
3	Q. Okay. And do you agree that genetic material	3	A. Yes.
4	is ultimately what physically creates images?	4	Q. And above there, above where the yellow is in
5	MR. HENNESSY: Objection. Form.	5	the first sentence she says, "I have held a consistent
6	BY MR. DALLER:	6	approach and genuine conviction about medical invasion
7	Q. Would you	7	that seeks to alter how God created me," correct?
	·	8	
8	A. I didn't hear the end of your question. I'm	_	
9	sorry.	9	Q. Okay. And it is a fact that Mrs. Gray was
10	Q. Would you agree that genetic material is	10	unable to have children, to your knowledge, correct,
11	responsible, ultimately on earth, how physical	11	according to her statement?
12	appearance occurs, correct?	12	A. According to what is written.
13	MR. HENNESSY: Objection. Form.	13	MR. HENNESSY: Objection to form.
14	THE WITNESS: I mean, I'm not an expert,	14	BY MR. DALLER:
15	but I am a nurse, and our DNA, which is our genetic	15	Q. Okay. And she rejected treatments that would
16	makeup, does contribute to who we are and what we look	16	have allowed that, correct?
17	like and all of those things.	17	A. So as I understand what's written in the
18	BY MR. DALLER:	18	application, yes.
19	Q. Okay. And, in fact, we all have messenger RNA	19	Q. Okay. And it's her belief that this invasion
20	in us, as well, correct?	20	would have altered how God created her, correct?
21	A. Again, am I am I a medical expert?	21	A. That is what she has shared here, yes.
22	Q. I'm just asking. Do you have an opinion?	22	Q. All right. Let's go to her appeal request and
23	MR. HENNESSY: I'm going to state the	23	then we'll just take a brief break, and we'll be able to
24	objection. Same objection I stated before, but if she	24	finish up, I believe.
		25	
25	can answer the question, that's fine.	25	THE VIDEOGRAPHER: (Indicating.)
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	Dr. Wadsworth - by Mr. Daller		
1	Dr. Wadsworth - by Mr. Daller BY MR. DALLER:	1	
1 2		1 2	Dr. Wadsworth - by Mr. Daller
	BY MR. DALLER: Q. Okay. Do human beings have messenger RNA	2	Dr. Wadsworth - by Mr. Daller BY MR. DALLER: Q. All right. So do you recognize this document?
	BY MR. DALLER: Q. Okay. Do human beings have messenger RNA within their body, endogenous messenger RNA?		Dr. Wadsworth - by Mr. Daller BY MR. DALLER: Q. All right. So do you recognize this document? A. Could you make it larger, please?
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	58		60
	Dr. Wadsworth - by Mr. Daller		Dr. Wadsworth - by Mr. Daller
1	A. No, they were not.	1	hands or your shoulders" or something along those lines,
2	Q. No, okay.	2	correct?
3	So anything that was on this document, whether	3	A. Yes.
4	it was clarifying or not, was ignored by the members of	4	Q. Okay. And he's doing that in order to improve
5	the Religious Exemption Committee in terms of altering	5	your golf swing, correct?
6	what was decided previously, correct?	6	A. Yes.
7	MR. HENNESSY: Objection to form.	7	Q. Because the golf swing is not perfect,
8	THE WITNESS: So as I recall and as I	8	correct?
9	did with all of the appeal exemptions that I read I	9	A. Correct.
10 11	read all of them. As I understand, my colleagues did,	10	 Q. And your testimony is that the Appeal Committee was solely to determine whether or not things
12	but I cannot testify to that. I read it and we went we discussed the	12	were done fairly and equitably; is that correct?
13	original request for a religious exemption, and our	13	A. Yes, and consistently.
14	process was to make sure that it was fair, consistent	14	Q. Consistently, okay.
15	and equitable, and that if something was approved, it	15	So if the decisions that the committee made,
16	was approved consistently and equitably and all of that,	16	if those decisions were made on their knowledge,
17	and also if it was denied, that those same principles,	17	correct?
18	fair, consistent and equitable, was applied.	18	MR. HENNESSY: Objection to form.
19	Q. Okay. So do you agree that practice makes	19	BY MR. DALLER:
20	perfect?	20	Q. You can answer.
21	A. I believe that's a quote.	21	A. The decisions were made in our group with our
22	Q . Okay. Do you believe in that philosophy?	22	own expertise, as well as looking at what the exemption
23	MR. HENNESSY: I'm going to object to	23	committee applied. Yes.
24	form.	24	Q. Okay. And I'm talking now specifically about
25	BY MR. DALLER:	25	the Exemption Committee, not your group.
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	Dr. Wadsworth - by Mr. Daller		Dr. Wadsworth - by Mr. Daller
1	Q. You can answer.	1	If that Exemption Committee made an error in
2	A. So I believe that practice makes perfect over	2	terms of how they interpreted exemption requests, but
3	time and we shouldn't allow perfection to be the enemy	3	they did it consistently, your committee would just say,
4	of good.	4	"Well, it's consistent," correct?
5	Q. Okay. Do you play any sports at all?	5	MR. HENNESSY: Objection to form.
6	A. I play golf.	6	BY MR. DALLER:
7	Q . Golf, okay. And you have a golf swing,	7	Q. I mean, you testified that your committee only
8	correct?	8	viewed fairness, equitableness and consistency, correct?
9	A. Yes, I do.	9	A. So our committee validated the process, and if
10	Q. Okay. And is that golf swing do you	10	an exemption was overturned by us, we had a specific
11 12	practice your golf swing? A. Not as much as I'd like.	11	reason as to why. Q. And what would those reasons be based upon?
13	Q. Especially when you're here today with us,	13	A. So, for example, there was an exemption
14	right? So but you do practice, correct?	14	request that was denied for an employee who was Islamic,
15	A. Mostly on the course.	15	and in that religion, they don't accept any vaccination,
16	Q. Okay. And do you have a golf pro that works	16	and he had an exemption request for the flu vaccine and
17	with you?	17	when we reviewed it, we were like, "He's Islamic. They
18	A. My golf pro is my husband.	18	should have given him this exemption."
19	Q. Good. He works with you, correct?	19	And just to explain further about equitable,
20	A. Yes.	20	we were very objective about making sure that exemptions
21	Q. And he'll provide some guidance, if you will,	21	were not approved by categories of people.
22	right?	22	So, for example, physician exemptions were
23	A. Yes.	23	treated the same as nurses, as respiratory therapists,
24	Q. Okay. And, in fact, he'll say, while you're	24	as environmental service workers, and we looked at to
25	driving off the range, "Well, why you don't shift your	25	the degree that we had the information available, we
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Dr. Wadsworth - by Mr. Daller

looked at the employee, where they worked, what was their role, what was their exemption request, and you could convey your exemption in four sentences or in four pages, and they both may get denied or approved, as long as you made your sincerely-held religious belief clear as to why it would be accepted.

So that was part of our process, was to make sure that we were objectively -- that the team -- that the Exemption Committee applied not only the science, guidelines, but also whether someone was a professional writer or a well-prepared, master's-prepared writer or they had no degree at all and had a GED, the writing of their appeal was given the same consideration.

Okay. And you would agree that that consideration, then, required some interpretation, correct?

Well, we had to read it, and we had to assess A. the religious belief and whether or not it was an acceptable reason to not take the COVID vaccine.

- Okay. And you would agree, if I understood you correctly, that you wanted to be equitable and you wanted to be sure that somebody who could not write as well still had an opportunity to get an exemption request?
 - A. Yes.

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Dr. Wadsworth - by Mr. Daller

Q. All right. And you would agree that the more sophisticated the writing could be, okay, that the more complicated the thoughts could be that they're expressing, correct?

MR. HENNESSY: Objection. Not for my students, but go ahead.

You can answer.

THE WITNESS: So what I would say is that each was read carefully, and we had people who gave us 20 pages and people who gave us four sentences, and either one could be approved or denied if they were clear about their religiously-held belief and it was a reason to not accept the vaccine.

BY MR. DALLER:

- Okay. And that was based upon the Religious Exemption Committee's interpretation as they reviewed the exemption request; is that correct?
- It was based on their understanding and also the experts in the room, which included religious experts who were at the table and read all of them.
- Okay. But if it relied upon a medical statement, then they would rely upon the medical individual, correct?
- 24 Yes, but our -- we were looking at religious 25 exemptions.

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Dr. Wadsworth - by Mr. Daller

Okay. What's the Muslim prohibition against 2 vaccination based upon?

3 So I'm not an expert in Muslim religion, but 4 with using our expertise from our chaplains, who are 5 master's prepared in divinity and certified in their 6 practice, Islamic religion does not accept vaccinations and other things, which I'm not going to list, but I don't have a full understanding of the Islamic religion, but I do know that that is a reasonable, and I'll say, expected religious exemption request.

Okay. So if the Islamic tradition is that they just don't accept vaccines because they don't believe that they're safe, is that an acceptable religious exemption to Main Line Health solely because it's based upon the Islamic religion?

Α. So I'm not -- I'm not an expert in Islamic religion.

Q. Okay.

And I believe that their objection to vaccines is far deeper than they don't believe that they're safe.

Okav.

22 Α. That's not -- that's not -- I mean, the whole 23 Islamic culture -- again, I'm not a religious expert, 24 but they don't accept vaccinations, and it's a much more 25 substantial religious belief than they're not safe.

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Dr. Wadsworth - by Mr. Daller

Okay. And in order for a religious exemption to be granted, does it need to be part of a formal religion that says, "You shall not take a vaccine"?

So we didn't -- again, as I understand our purpose and our work, we did not -- a religion is someone's religion, right? So I'm not going to judge their religion, whatever kind it is, and it doesn't even -- as I understand it, it doesn't have to even be in a formal church. It can be their religion, but they need to state clearly why the vaccine is unacceptable, but that's how -- that's how we applied the guideline.

Okay. So if an individual says that Q. "Vaccination is unacceptable to me because it alters me from the image of God in which I was created and that is my belief," that belief, would that be acceptable for not taking the vaccine?

> Α. No, that would not.

Q. Okay. What's missing from that belief?

There needs to be a -- beyond the fact that your body is a temple, it has to be more specific as to what is in the vaccine that prevents you from taking the vaccine, and that's what's missing.

23 Okay. Is genetic component specific, or is 24 that a vague concept? 25

Can you restate the question?

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	Dr. Wadsworth - by Mr. Daller		Dr. Wadsworth - by Mr. Daller
1	Q. Sure. Mrs. Gray said that she cannot take the	1	vice president now, I believe, would you agree that
	•		
2	vaccine because a genetic component would be injected	2	something like that should be clear to employees,
3	into her body, correct?	3	whether or not additional information is accepted?
4	MR. HENNESSY: I'm going to object to	4	 A. I don't recall everything that we sent out.
5	form.	5	THE WITNESS: Sorry, Brendan.
6	BY MR. DALLER:	6	MR. HENNESSY: No. I was just going to
7	Q. I mean, did she not state that?	7	object to form, but go ahead.
8	A. Her religious belief did talk about genetic	8	THE WITNESS: So I don't recall everything
9	components, and that's why she didn't want to take the	9	exactly that we sent out. We we as I described
10	vaccine, yes.	10	earlier in my testimony, we like to be very transparent
11	Q. Okay. And that's pretty specific, correct?	11	and communicative with our employees, and during the
12	I mean, she didn't say, "Oh. There's stuff in	12	pandemic there were a lot of challenges that required
13	the vaccine."	13	decisions to be made quickly, and, you know, also
14	She said, "There's genetic components in the	14	required some maybe changes along the way because
15	vaccine," correct?	15	it's you know, it's not perfect, and, you know, so I
16	A. Yes.	16	can't speak to everything that we put out.
17	MR. DALLER: All right. Why don't we just	17	I will tell you that we had meetings every
18	take a five-minute break and then we can come back and	18	single day for weeks where we were talking about
19	finish up. Okay?	19	everything related to COVID and our patients and our
20	THE WITNESS: Okay. Thank you.	20	•
	· · · · · · · · · · · · · · · · · · ·		staff wellness, and so I can't recall everything, but I
21	THE VIDEOGRAPHER: All right. We're going	21	know that we would never intentionally mislead our
22	off the record. The time is approximately 11:40.	22	employees.
23	(Whereupon, a brief recess took place.)	23	BY MR. DALLER:
24	THE VIDEOGRAPHER: All right. We are back	24	Q. Okay. So if I understood you correctly, then
25	on the record, and the time is approximately 11:45 a.m.	25	your system was not perfect, correct?
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			69
			Dr. Wadsworth - by Mr. Daller
	Dr. Wadsworth - by Mr. Daller		69 Dr. Wadsworth - by Mr. Daller
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1	Dr. Wadsworth - by Mr. Daller BY MR. DALLER:	1	Dr. Wadsworth - by Mr. Daller A. There's no system that's perfect.
1 2	Dr. Wadsworth - by Mr. Daller BY MR. DALLER: Q. Okay. Dr. Wadsworth, we're back on the	2	Dr. Wadsworth - by Mr. Daller A. There's no system that's perfect. MR. HENNESSY: Objection.
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	Dr. Wadsworth - by Mr. Daller	1	COMMONWEALTH OF PĒNNSYLVĀNIA)
1 2 3 4 5 6 7 8	beliefs are very central to an individual? MR. HENNESSY: Object to form. THE WITNESS: I mean, I'm not going to comment on individuals' religious beliefs or other beliefs. Yes, we all have beliefs. I'm not going to qualify one's more important than the other, but, yes, everybody has beliefs and that is part of who they are	2 3 4 5 6 7 8	certify that the witness, BARBARA WADSWORTH, DNP, RN, was by me first duly sworn to testify the truth, the whole truth, and nothing but the truth; that the foregoing videotaped Zoom deposition was taken at the time stated herein; and that the said videotaped Zoom
9 10 11 12 13 14 15	when they arrive. BY MR. DALLER: Q. Okay. And if the errors injure those individuals, is that something that needs to be rectified? A. Can you clarify who the individuals are? Is it our staff or our patients? Q. Well, both. I mean, are one more important than the other?	9 10 11 12 13 14 15	I further certify that the reading and signing of said videotaped Zoom deposition were waived by counsel for the respective parties and by the witness. I further certify that I am not a relative, or employee of either counsel, and that I am in no way interested, directly or indirectly, in this action. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office this 19th day of September, 2023.
18 19 20 21 22 23 24 25	A. No. The patient and the staff are equally important. Q. Okay. So if the staff is injured in some way, is that not something that the institution should seek to rectify? A. Yes. If employees are injured or in harm's way, yes, we want to make it the safest environment to give care. EXLER REPORTING 412-221-4007	16 17 18 19 20 21 22 23 24 25	Margaret J. Jolen Margaret J. Exler, RPR/Notary Public EXLER REPORTING 412-221-4007
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very much. I promised to get you out by 12. I did.

MR. DALLER: That's all I have. Thank you

All right.

Q.

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EXHIBIT J

Boccella, Janine M.

From: Gray, Dawn

Sent: Monday, September 27, 2021 8:17 PM

To: Covid-19 Religious Exemption

Subject: RE: Covid-19 Vaccine Religious Exemption Request

Attachments: Final Appeal Exemption Form 1.pdf

To whom this may concern,

I am respectfully appealing the denial of my religious exemption. I embrace the opportunity to clarify and more fully explain why receiving one of the COVID 19 vaccines deeply contradicts my religious beliefs in a more direct manner.

I value the perfectly formed life God gave me when I was created. My sincerely held religious belief is that the temple of the Holy Spirit is in the Christian's body (see I Corinthians 6:19-20 highlighted in my attached exemption request). Furthermore, I believe I am fearfully and wonderfully made by God (see Psalm 139: 13-16 highlighted in my attached exemption request). I considered it would have been a violation to my sincerely held religious belief to use AI and IVF when my husband and I were trying to conceive. I considered it would have been a violation if, in my twenties, I elected to use gene therapy to enhance knee rehabilitation. I also consider it will be a violation to my sincerely held religious belief if I were to inject artificially developed mRNA into my body that used aborted fetal cells to make it possible.

As I stated in my attached religious exemption, I believe life begins at conception and ends at natural death. I do not believe in abortion as it violates one of God's Ten Commandments "Thou shall not kill". The use of aborted fetal cells in the development and generation of the Covid 19 vaccines is in direct violation of how precious I consider God's gift of life to be. Receiving a vaccine using this technology would make me feel dirty and contradict my belief that my body is a temple of the Holy Spirit (see I Corinthians 6: 18-20 highlighted in my attached exemption request). As my answer on Page 4, Question 5 delineates, I switch assignments with colleagues when patient care involves an abortion or there is a need to administer Plan B so I do not participate in these situations. You can see I am consistent in acting on my sincerely held religious beliefs in many situations as my examples reflect.

If this appeal has not further clarified my sincerely held religious beliefs and why I am opposed to receiving the Covid 19 vaccine, or there is another procedure to submit my application supplementation please communicate that to me in writing. Thank you for your sincere consideration.

Dawn Gray, MSN, RN, CEN, CCRN Clinical Coordinator Emergency Department Paoli Hospital

From: Covid-19 Religious Exemption < Religious Exemption@mlhs.org>

Sent: Thursday, September 23, 2021 10:57 PM

To: Covid-19 Religious Exemption < Religious Exemption@mlhs.org>; Gray, Dawn < GrayD@MLHS.ORG>

Subject: Covid-19 Vaccine Religious Exemption Request

This email is to acknowledge that your COVID-19 Vaccine Religious Exemption Request Form was reviewed by the MLH COVID-19 Vaccine Religious Exemption Committee and has been denied. After careful consideration, the Committee has

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determined that your Exemption Request Form does not state a basis why your religious belief requires you to decline the COVID-19 vaccination.

If you would like to appeal this decision, you may appeal to the Religious Exemption Appeal Committee within five (5) days from the receipt of this email. To request an appeal, please reply directly to this email stating you are appealing the decision. The Appeal Committee, which consists of the MLH Senior Vice President, Human Resources and the MLH Senior Vice President, Legal Affairs/General Counsel, will review your Religious Exemption Request Form and issue a final decision within two (2) weeks.

Please note employees whose exemptions are denied must initiate the process to fully comply with the MLH COVID-19 Vaccination Policy, Non-patient.

Thank you.